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ABSTRACT

The Pennsylvania Department of Education mandated that all school districts in the state include K-12 instruction about Acquired Immune Deficiency Syndrome (AIDS) and related issues beginning in September 1987. This paper describes one school district's comprehensive AIDS education program. A survey administered in the fall of 1991 produced information about a lack of knowledge of AIDS policies among high school staff and in the community. According to data analysis, the curriculum was not being taught at all mandated levels, and teachers and principals felt a lack of knowledge about AIDS education and district policies and procedures. As a result, the school district became actively engaged in enhancing the AIDS education of administration, staff, students, parents, and community groups; an AIDS curriculum Committee and a Teen AIDS Peer Group were established; and topics such as policy issues and community resources were major topics for AIDS inservice programs. Appendixes include the Pennsylvania State AIDS Mandate, the school district's AIDS policy, an elementary school AIDS instruction summary, parent letters for AIDS instruction, grades 8-12 pre/post AIDS instruction test; staff and parent surveys; a school district AIDS survey, and curriculum revisions. (Author/LL)

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Developing and Implementing a Comprehensive AIDS Education Program in a Public School District

by

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A Major Applied Research Project Report
presented in partial fulfillment of the requirements
for the dgree of Doctor of Education

Nova Southeastern University
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Abstract

Developing and Implementing a Comprehensive AIDS Education Program in a Public School District

This report describes a comprehensive AIDS education program in the Souderton Area School District. Informal interviews conveyed discrepancies with the curriculum mandate. Procedures, guidelines, and policy were not being followed. A formal survey administered in the fall of 1991 also produced specific data about a lack of knowledge of AIDS policies among staff and at the community level.

Analysis of the probable causes revealed that the curriculum was not being taught at all mandated levels. Additionally, teachers and principals expressed their lack of knowledge of AIDS education and district policy. Besides the discrepancy in the lack of training, respondents indicated that far more community programs were needed.

The solution strategies included implementing a comprehensive AIDS program to include an AIDS curriculum committee and in-service training for all administrative, professional, support staff, and for the community. A Teen AIDS Peer Group and new curriculum offerings were also integral components of the solution.

As a result of the practicum, the school district was actively engaged in enhancing the AIDS education of administration, staff, students, parents, and community groups. The knowledge of policy, first aid procedures, and community resources were major topics for AIDS in-service programs. This comprehensive approach to an AIDS education program has enriched the lives of many and, hopefully, saved the lives of others.

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Chapter 1

Problem Statement and Community Background

General Statement of the Problem

According to the results of a Souderton Area High School survey in December of 1991, 84% of those staff members responding had no formal education or in-service training in the area of human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS). In addition, 94% had no knowledge of the district AIDS policy for employed staff in the Souderton Area School District (SASD), and 79% had little or no knowledge or understanding of the policy for student participation in school.

Description Of Immediate Problem Context

The Pennsylvania Department of Education mandated that AIDS education be in the schools by September of 1987 as per the 1987 Chapter 5 requlations (see Appendix A). The mandate requires that each school entity provide instruction about AIDS and related issues at least once in the elementary grades, once at the middle/junior high level, and once at the senior high level. The curriculum is to be provided as part of the health course and should present systematic lessons covering content that includes, but need not be limited to, "information about the nature of the disease, the lack of a cure, the ways the disease is

transmitted, and how infection can be prevented" (Pennsylvania Chapter 5 Curriculum Requirements, AIDS, 85.10a). In addition, the AIDS mandate states that programs that discuss AIDS transmission through sexual activity "shall stress that abstinence from sexual activity is the only completely reliable means of preventing the sexual transmission of AIDS" (p. 28). Other areas of the mandate address the grade level at which AIDS is taught and the time of the year the curriculum is taught. Both these decisions are at the discretion of the school system. An excusal process from AIDS instruction when it conflicts with religious beliefs or moral principles of the parents, guardians, or of the pupil is also discussed in the mandate.

In 1986, an AIDS Curriculum Committee in the SASD was established to begin the development and the implementation of the curriculum to meet the state mandate. The committee consisted of parent volunteers from the elementary and secondary level, two medical consultants from local hospitals, volunteer members from the local ministerium, one school psychologist, the Superintendent, and the high school assistant principals. The committee met for over a year to develop and customize a curriculum that would meet the state mandate and the educational, social, and emotional needs of the students. The curriculum was implemented in three grades: 5th grade, 8th grade, and 11th grade. Until December of 1991, little effort was made to review and

update the AIDS curriculum or to maintain a strong and effective AIDS Committee.

The AIDS Curriculum Committee requested a review of the SASD AIDS policy and any curriculum or guidelines that existed (see Appendix B). The AIDS policy for both staff and students was first adopted in 1986. The AIDS Curriculum Committee reviewed, revised, and updated the policy, which was later adopted in 1988. Since 1988, there has been no review or revision of this policy.

The SASD had a student population of 4,905 in 1992. The September 1992 statistics gathered by the district reported that 95% of the students were White, 1% were Black, 1% were Hispanic, and 2% were Asian. There were 327 teachers and 178 support members. There were six elementary schools, two middle schools, and one high school. The 7-hour instructional day was heterogeneously scheduled at the elementary and middle school level with the exception of the gifted classes and some accelerated classes in mathematics and science at the middle school level. The senior high used heterogeneous grouping and ability grouping for electives and advanced placement courses.

At the time of this writing, the SASD was governed by nine, elected, school board members. The Superintendent, the Director of Curriculum Development and Staff In-service, the Business Manager, and the Director of Pupil Personnel were present during all board meeting activities, and all

served on different district committees.

Souderton Area School District did not employ curriculum supervisors for all subject areas. The Superintendent delegated to district administrators the remaining curriculum areas. These administrators were responsible for the development and monitoring of the assigned subject. The practicum manager was given the responsibility for supervising Health and Physical Education in all grades for the SASD. This assignment was based on prior teaching experience and an earned master's degree in health education. The development of the AIDS curriculum and its implementation in the health curriculum became the responsibility of the practicum manager. This responsibility also included the formulation of the AIDS Curriculum Committee.

Description of Surrounding Community

The SASD includes an area of 49 square miles in Upper Montgomery County, Pennsylvania. It is the largest school district in area in the county and includes six townships or boroughs. The population of these municipalities was approximately 32,000. SASD is situated halfway between the cities of Philadelphia and Allentown. The school district is growing and changing from a Mennonite community to a suburban community.

This new and different population has higher expectations for the students than previously experienced.

The percentage of seniors who pursue college and postsecondary education increased from 36% in 1987 to 71% in 1991. The student population of 4,905 was changing daily. Demographic studies according to the Pennsylvania Department of Education predict the district will be serving 5,914 students by 1996. To meet these demographic needs, new buildings will create higher real estate taxes.

In response to the high taxes and teacher salaries in the 1992-1993 school year, (60.49% of the teachers earn $61,500, the top of the scale), a community group called the Souderton Area Taxpayers Association (SATA) took an active public approach to identify educational issues and district policy in need of improvement. This public awareness and educational involvement enhanced school and community accountability in the SASD.

Regional and National Contexts of Problem

The significance and complexity of the role of the public school district regarding the AIDS crisis is becoming increasingly evident. In many newspapers and in many television programs, AIDS continues to be a major pandemic affecting today's society. Koop (1986) the former U.S. Surgeon General stated,

> Some Americans have difficulties in dealing with subjects of sex, sexual practices, and alternative lifestyles. Education about AIDS should start in early elementary school and at home so that children can grow up knowing the behavior to avoid to protect themselves from exposure to AIDS virus . . . . We are dealing with a disease that has 100% fatality, no cure, and for which no vaccine has yet been

developed. (p. 5)

As of September 30, 1991, 195,718 cases of AIDS were reported nationwide to the Centers for Disease Control. Of these cases, 0.003% (659) occurred among people 13 to 19 years of age and 17% (33,568) occurred among people 20 to 29 years of age (Kann, et al. 1991).

The median incubation period between infection with HIV and the onset of AIDS may be nearly 10 years. This indicates that many people 20 to 29 years of age with AIDS may have been infected during their adolescent years (Kann, et al. 1991). In 1987, AIDS ranked as the sixth leading cause of death among people between the ages of 15 and 24. AIDS cases reported among adolescent females have more than doubled, and more than half are due to heterosexual contact. (Novello, 1992).

According to the World Health Organization (1991), more than one million people contracted HIV in an 8-month period, 90% of them through heterosexual intercourse. The World Health Organization estimates that infections will, at best, triple and, at worst, quadruple in just 8 years.

Chapter 2

Problem Definition and Evidence

Problem Background

National, state, and local school district mandates require that an AIDS curriculum and programs be available for students in public schools. Because of educational mandates such as drug and alcohol education, the child protection act, and growth and development curriculums, the public schools have taken a "brush fire" approach to issues that impact learners socially, emotionally, and economically. Souderton Area School District (SASD) was no exception. AIDS education had not been a high priority in the district.

In 1987 and 1988, the Area AIDS Curriculum Committee (ACC) worked very hard to tailor a curriculum to meet the rigor of the state mandate as well as the social, emotional, and educational needs of students of the Souderton community. During the time of curriculum development and implementation, numerous proposals, both formal and informal, were presented to the curriculum council for approval as well as to the school board at public meetings. A few local church groups requested curriculum presentations and policy education, but there was never any parental outreach by Souderton Area School District to provide

information about the AIDS curriculum or educational policies. Although a sense of pride and satisfaction was felt by the SASD with the AIDS curriculum development effort, concerns were expressed at ACC meetings about the implementation of this curriculum.

In 1988, staff in the Souderton Area School District (SASD) were provided the opportunity to attend an in-service workshop entitled "What is AIDS?" It was one option of many that staff could select to attend on an in-service day. Sixty of the 327 school district personnel (18%) participated in this in-service training. This had been the only AIDS in-service training provided until this project was undertaken in September 1991.

There were 17 health and physical education teachers in SASD, Grades K-12, in 1991. There was no mandatory or any formal in-service training on AIDS for this staff. District administration and building principals made the assumption that staff had previous education and teaching experience in AIDS education. This assumption was inaccurate based on conversations with members of the health department and, during a ACC meeting, with the Director of Personnel. Further conversation with parents and staff revealed a low comfort level with regard to teaching the curriculum content.

In 1988, the ACC approved curriculum materials such as film strips or videotapes for student viewing. This

included at least one videotape at each grade level. There was no additional approval for supplemental materials for the curriculum.

Evidence of Problem Discrepancy

Analysis of the AIDS education program in the Souderton Area School District began with interviewing elementary principals, teachers, and nurses responsible for AIDS education in the fifth-grade. Additional information (see Appendix C) was based on both written and verbal comments from the district nurse chairperson in January of 1992 (C. Wack, personal communication, January 3, 1992). Clearly, a lack of instructional consistency prevailed in the six elementary schools. The methods used to implement the AIDS curriculum varied from elementary school to elementary school, and there were gross differences in how the material was taught by each teacher.

Since 1987, there had been no requests for in-service training for the teachers assigned to the fifth-grade AIDS curriculum. In two elementary schools, the curriculum was taught by the school nurse. In this case, the length of time spent discussing AIDS ranged from three to four lessons (2 1/2 hours of instruction). In one elementary school, the physical education teacher taught the AIDS curriculum. It amounted to presenting a 25-minute video approved by the curriculum committee. In the fourth elementary school, a fifth-grade teacher volunteered to teach the AIDS curriculum

for future years in all fifth-grade classes. Finally, in the last elementary school, no one felt comfortable teaching the content, and no students received any AIDS education instruction. Clearly, a lack of instructional consistency prevailed.

Evidence of middle school instruction and mandated procedures was based on comments gathered from all of the middle school teachers by the practicum manager between December 1991 and May 1992. The middle school AIDS curriculum was taught in eight grade by certified health and physical education teachers. Each school had two instructors, one male and one female. Like the elementary schools, the middle school instruction was marred by inconsistency and failure to follow policies and procedures mandated by the state and the committee. For example, none of the four health and physical education teachers in the two middle schools sent home the required letter to notify parents of when the curriculum was going to be taught, what information would be presented in the curriculum (see Appendix D), and the excusal procedure for parents who wished their child to be excused from AIDS instruction because of religious or philosophical beliefs.

The content and number of lessons also varied from teacher to teacher and from school to school. From formal and informal observations of teaching practices conducted by the practicum manager (May 1992), it became obvious that 4

of the 17 health staff members teaching AIDS education were utilizing videos and other materials not approved by the committee, principal, or the administration. None of the health teachers utilized the provided pretests and posttests, which were part of the curriculum (see Appendix E).

It is also significant to note that there were two teacher sabbaticals during that time. New staff members were assigned with this curriculum responsibility without any direction or in-service training.

The senior high staff had seven physical education and health staff members, three females and four males. Each staff member taught at least four class sections of health, which included AIDS instruction. All members of the staff did send the letter home alerting parents to the instruction time line, the content, and the excusal process. Differences existed, however, with regard to the length of the AIDS unit and the amount of instruction time provided (as little as 20 minutes and as much as three, 45-minute class periods). Only two staff members used pretests and posttests provided with the curriculum. Only three staff members used approved videos and supplemental materials. Again, some of this inconsistency occurred because a long-term substitute was used during the 1991-1992 school year. Also, three student teachers were given the responsibility for teaching AIDS education with little

direction from the district physical education chairperson or the building and district administrator responsible for this curriculum.

The evidence demonstrated that the Souderton Area School District had failed to comply with the state AIDS mandates. It was also evident that none of the 17 health and physical education teachers, the nurse, or any classroom teacher who taught the AIDS curriculum had any formal AIDS education training or curriculum in-service training.

Further evidence of the problem existed in a lack of communication with the Souderton area community. Although members of the Home and School Associations and Ministerium were solicited to participate in the curriculum development, there was no community outreach beyond this for curriculum input, in-service training, content preview, updates, or policy education. This failure to involve and educate the community resulted in phone calls from concerned parents to the district administration office and to the senior high regarding the curriculum content and the emphasis of abstention verses the practice of "safer" sex. Some parents with knowledge of AIDS transmission also raised concerns about safety and first aid precautions with regard to contact sports (i.e., wrestling). Clearly, these parent concerns, irrespective of the AIDS campaign on television and in the daily newspaper, demonstrated that parents had many concerns about AIDS education and the policy in the

SASD.

Between 1988 and November 1991, there had only been one revision to the K-12 AIDS curriculum. This revision was initiated by a medical consultant who reported that the transmission of AIDS via blood transfusion was more prevalent (one in 60,000) than the curriculum indicated (one in a million). Although AIDS has not changed drastically in the last decade, advances in research and treatment as well as other related issues need to be reflected in the curriculum to provide a comprehensive and accurate AIDS program.

Although the AIDS curriculum is typically taught as part of health education at 5th, 8th, and 11th grades, informal conversations with staff indicated that the topic of AIDS is often discussed in many curriculum areas at all grade levels. Be it an elementary class on personal hygiene, first aid, or self-esteem, or a senior high class in mass media, economics, sociology, or during discussions about dating or mental health, AIDS education can easily be integrated into these topics. For this to occur, professional and support staff must have a good knowledge of AIDS and a familiarity with the AIDS curriculum at that grade level.

In order to better understand the degree to which AIDS education was being implemented at the senior high level, in December of 1991 the practicum manager asked the staff to

respond to a survey (see Appendix F) that requested information about their knowledge of AIDS education, knowledge towards teaching AIDS education, attitudes toward HIV-infected students or staff, and their interest in in-service training opportunities in this area. The practicum manager chose to survey the high school staff because of the large survey sample (83 staff members) and the frequency of AIDS instruction (9th and 11th grade). Also it was at this level that the curriculum dealt most frequently with controversial issues such as AIDS transmission.

Table 1 presents a summary of the results from 72 teachers (86.7%) who responded to the questionnaire. (Questions 1 and 2 were about the age of and sex of those responding to the survey and are not reported in the table.)

Staff attitudes were measured in Questions 3, 7, 8, and 9. Evidence in Table 1 indicated that all staff believed AIDS education was the responsibility of school. Results indicated that 75% of the staff believed an HIV/AIDS-infected student should be allowed in school if their health permitted, but almost 20% of the staff would not feel comfortable with that student in their classroom. Almost 30% would have some difficulty working with an infected staff member.

Questions 5 and 6 described staff members perception of their understanding of the district's AIDS policy. There was an obvious need to provide in-service training to staff

on the AIDS policies; nearly all reported they did not have knowledge and/or understanding as indicated by these two questions.

Table 1

Results of High School Staff to AIDS Questionnaire, December 1991

Question	Yes (#)	Yes (%)	No (#)	No (%)	Not sure (#)	Not sure (%)
3. Should students be taught about AIDS/HIV?	72	100	0	0	0	0
4. Do you have formal education/ in-service training in AIDS/HIV?	9	13	63	87	0	0
5. Are you familiar with AIDS/HIV policy for students?	6	8	57	79	9	13
6. Are you familiar with the AIDS/HIV policy for staff?	0	0	63	88	9	12
7. Should a student with AIDS/HIV be allowed to go to school?	54	75	7	10	11	15
8. Would you feel comfortable teaching a student in your class who had AIDS/HIV?	58	81	4	5	10	14
9. Would you feel comfortable working with a staff member who is AIDS/HIV infected?	52	73	12	17	8	11
10. Is AIDS/HIV discussed in your classroom?	21	29	51	71	0	0
11. Should staff be provided with ongoing AIDS/HIV inservice training?	48	66	19	27	5	7

Finally, 66% of the staff indicated they believed in-service training should be provided. Unfortunately this survey did not request specific topics for in-service training. However, the evidence indicated that staff needed comprehensive AIDS education to communicate freely about AIDS in other curriculum areas. This need for training was reinforced by the fact that only 9 of the staff indicated they had formal education/in-service training about AIDS (Question 4). Previous data indicated that none of the 17 health/physical education teachers responsible for teaching AIDS had received any formal training.

Parent and community knowledge about the AIDS education program and district policies was also surveyed (see Appendix G). Surveys were provided to churches in the Souderton community and sent home with students in Grades 8, 9, and 11. Of the 450 surveys distributed, 117 (26%) were returned. Table 2 presents the results of Questions 5, 7, 8, 9, 10, and 11.

Questions 5, 8, and 9 were intended to measure attitudes of parents and community members. The community were clearly in favor of the school teaching HIV/AIDS education. It appears that the level of concern of the community increased when an infected child was in the educational setting. That concern increased when their own child shared the same class environment. This evidence indicated that the population sampled lacked knowledge

regarding the transmission of the virus and lacked the knowledge of the district policy (involving HIV/AIDS-infected participation).

Table 2

Results of the Souderton Area Community to AIDS Knowledge, December 1991

Question	Yes (#)	Yes (%)	No (#)	No (%)	Not sure (#)	Not sure (%)
5. Should students be taught about AIDS/HIV infection in school?	63	87	7	10	2	3
7. Do you have any formal AIDS/HIV education?	4	6	66	92	2	2
8. Should a student with AIDS/HIV infection be allowed to go to your school?	51	71	9	13	12	16
9. Would you be willing to let your child in the same class with a student having the AIDS/HIV infection?	45	62	10	15	17	23
10. Do you know where to get good information about AIDS/HIV infection?	62	86	4	6	6	8
11. Have you ever talked about AIDS/HIV infection with your child?	66	91	6	9	0	0

Evidence again indicated that 92% of the community had no formal education about AIDS (Question 7). However, respondents overwhelmingly reported that they had discussed this topic with their children (Question 11). Although 86% claimed they were aware of where to get AIDS information (Question 10), most commented they would respond first to hotline numbers at the state or county level or their own church, physician, or local hospital. No one saw the school district as a primary resource to assist with AIDS concerns.

When the writer received information from the SASD Speaker's Bureau in August of 1992, he learned there had been no requests from community groups for speakers on AIDS information even though "AIDS Education-The Role of Public School and its Policy" was a topic in the Speaker's Bureau directory.

Perhaps the only outreach the school provided on AIDS information was when the rumors of HIV-infected students surfaced. This often occurred following the American Red Cross blood drives. There were 17 concerned parents who called the senior high indicating that they had heard that those students not eligible to donate blood were HIV positive. At this time, there was often a heightened interest in the board's policy on HIV/AIDS-infected students in the classroom.

It became evident that the HIV/AIDS education within

the community and the services the Souderton Area School District were providing were not adequate.

Probable Causes of the Problem

One of the likely causes of the inconsistent application of AIDS policies throughout the SASD seemed to be a lack of accountability or a misunderstanding of responsibilities. Interviews with the AIDS Curriculum Committee (ACC) members during the month of December 1991 indicated that this committee was the most knowledgeable group in terms of the process but the most reluctant to incorporate or mandate district procedures for curriculum implementation and district and community in-service training. The ACC contended that district administrators (in the central office or at the building level) are responsible to see that curriculum and state mandates are being met. When approached on the issue, principals gave mixed opinions. One principal stated, "Everyone can't be in charge. There must be direction from the district office or our curriculum leaders." (A.D. Demidont, personal communication, July 16, 1992.) An elementary principal stated that there was a need for an elementary health teacher: "I can't expect my classroom teachers to have a level of comfort to deal with these issues." (H. Jones, personal communication, July 16, 1992). A third principal was unaware that her nurse or teacher was not teaching the curriculum.

Another misconception was that the staff members teaching at the secondary level were trained in this area and had the expertise to deal with the curriculum without any in-service training. It appeared that the principals believed the curriculum was being taught to the fullest extent and that all state and district mandates were being implemented. Although there was some acknowledgement that a lack of educational leadership and staff accountability existed, the overall belief was that there was need for one administrator or a single set of procedures to guide the entire AIDS instruction.

The lack of ongoing or regular meetings of the original AIDS committee also contributed to many other probable causes: minimal curriculum updates, inadequate and/or outdated audiovisuals, little interaction with home-school associations, and a lack of collaboration with the health consultant and authorities. All of the aforementioned contributed to the inconsistent delivery of the curriculum and little networking within the Souderton Area community.

Staff had minimal understanding of the policy for staff and students who were HIV/AID infected. Only one voluntary in-service seminar had been provided in 4 years, and discussion of the district policy was not even part of that presentation. There had been a large turnover of board members over the past 4 years. Only one of the

present nine board directors was acquainted with the AIDS policy.

In retrospect, with the little in-service training and lack of congruency among teachers, principals, and district administrators, somehow the amended mandates were met and a curriculum was taught in most cases. SASD was meeting the bare minimums.

However, the inroads that were made with the AIDS Curriculum Committee provided a foundation to build and to develop an improved approach to HIV/AIDS education. The board, district administrators, building level administrators, its staff, the community, and, most of all the students, needed to be part of this education process.

Chapter 3

Problem Situation and Context

Written Policies, Procedures, and Commentaries

Written policy, state mandates, and job descriptions all have some impact on the problems/issues related to AIDS education in the Souderton Area School District and its community.

The Pennsylvania state mandate (see Appendix A) provided the structure and general objectives of the AIDS curriculum developed by the individual districts. Responses to that mandate at district levels are as varied as those practiced in SASD individual schools. Although all public schools are compelled to teach specific information, there is much leeway for individual district development and implementation.

The mandate provided an excellent guideline for curriculum implementation, but allowed local districts to tailor the content to meet the needs of their students and respective communities. It was this latitude and lack of guidance that created challenges. SASD did not effectively respond to these challenges.

AIDS instruction was not the responsibility of any individual at the district level. The Director of Pupil Personnel and Services (see Appendix H) and the Director of

Curriculum and Staff Development (see Appendix I) had no major influence on curriculum implementation. The position of Director of Curriculum and Staff Development was only developed in the fall of 1991. The primary duties and responsibilities of this individual include the following:

1. Provide staff leadership to ensure understanding of and promote educational objectives of the district and plans and administers programs of in-service educational activities for instructional staff.

2. Works with principal and teachers in organizing articulation and delivery of the instructional program.

3. Establishes a program for ongoing evaluation of instruction and curriculum; monitors the implementation of the District Long-Range Plan.

4. Assists in the development and coordination of the sections of the budget that pertain to curriculum and instruction.

5. Guides the development, implementation and evaluation of preservice and in-service educational activities and training programs for professional staff.

6. Monitors curricular programs for the purpose of ensuring that activities are in compliance with Chapter V requirements.

7. Meets with district coordinators monthly or as necessary.

The aforementioned duties of this position would have greatly enhanced the quality of the implementation of the curriculum and the accountability and consistency among schools. Unfortunately, this position was not in place, and its absence contributed to the problem.

The Director for Personnel and Support Services was a new individual in 1988 who had little knowledge of curriculum development and implementation. Again, there was an assumption that proper implementation, procedures, and policies were followed. Specific responsibilities that are part of this position, which would have helped ensure a more comprehensive approach to staff, students, and community, include:

> Plan, develop, and administer programs in Special Education, Guidance Clinical Services, Health Services and Pupil Accounting; prepare budget and make allocation of funds for staff, supplies and equipment; foster community participation and coordinate district services with various community agencies; organize and direct the personnel activities of the school district, including employment, administration, compensation and employee relations according to school district policy, government regulations and collective bargaining agreements (approved 1991).

The lack of these positions and staff who were knowledgeable about program development at the time of the mandate were a temporary constraining influence. However, a new awareness and an additional position, the Communication and Informational Specialist (see Appendix J), facilitated the handling of the problem.

Norms for Behavior, Values, and Traditions

Within the setting, teachers and administrators have held fast to traditional ideals. Generally, administrators are viewed as bosses, and teachers are viewed as subordinates. Furthermore, tradition dictated job functions: administrators managed, and teachers taught.

In decision-making matters, the district office administrators and the school board were the ultimate decision makers. On the other hand, principals were secondary in the decision making, although their advice was considered by the board and district personnel. Until the recent development of such groups as the Souderton Area Taxpayer Group and the Souderton Area Parents for Quality Education, parents, and students ranked last in the hierarchy. Both groups had become active participants, working towards total accountability and quality education.

Satisfaction with student achievement and teacher and administrative performance was at an all-time low. Although students of SASD consistently achieve above state and national norms on achievement and aptitude tests, a

decline in some scores had produced much discord. Issues such as heterogeneous grouping, whole language instruction, and other restructuring concepts had heightened community participation and debate at public meetings.

The norms, values, and traditions were based on conservative Mennonite practices and beliefs about schooling and family. These have existed for years in this community. Over the past 3 years (1989-1991), the writer had seen a change in the Souderton Area community. It was this new and educated population that could be a facilitating factor, and they might help to develop a comprehensive approach to HIV/AIDS education in this community.

When elementary teachers are asked to teach additional curriculum mandated by the district or the state (i.e., "Danger Stranger", "Here's Looking At You 2000-Drug and Alcohol Education"), there has always been some resistance. Elementary teachers do not believe they can teach the HIV/AIDS curriculum without losing something in the other curriculum areas (i.e., mathematics, science,). Elementary teachers have stated to their respective principals that class time provided to AIDS instruction will leave less time for instruction in core subject areas. It is the contention of this writer that an elementary health teacher will fill that void during the 1993-1994 school year.

Formal and Informal Influences of Individuals and Groups

District administrators, building level administrators, teachers, nurses, and parents are the significant people who can influence the implementation of a comprehensive HIV/AIDS education program. Until these groups were provided with adequate in-service training about the HIV/AID educational curriculum and related policy, they remained a constraining factor.

Parents, in particular, needed to become extremely active and aware of the AIDS education curriculum and district policies. This involvement provided a healthy understanding when faced with helping to educate their children and dealing with HIV/AIDS-infected students in the school environment.

External Circumstances

Because the state mandated AIDS instruction and provided only guidelines to be followed by the individual school districts, schools were educating their students using a variety of methods at different grade levels. This facilitating influence came with a high price. The mandate increased materials, supplies, and staff in some cases, but provided no training or resources for AIDS educators in Pennsylvania.

In an interview with the Director of AIDS Education in the Pennsylvania Department of Education (M. Sutter, personal communication, November 11, 1992), she expressed

support to schools who were attempting to improve AIDS education in kindergarten through 12th grade. She cited both success and disappointment. According to Sutter, the programs and districts that experienced success had one facilitating leader (at the district level) who managed the process. In 1990, the SASD did not operate the AIDS program in this way.

There were no projections available on the number of teens who would get HIV in 1992, but the upward trend was expected to continue according to the Center for Disease Control (1992). Health officials point to what they say is a better indicator of the problem: the number of young adults in their early 20s who have been diagnosed with the deadly disease. Nearly 3,000 people contracted AIDS in 1992, a 92% increase since 1989. Most were infected several years prior while they were in high school. Many HIV/AIDS-infected people in society and in the public schools will experience social ostracism and discrimination. This is no longer a disease of homosexuals and drug users. The percentage of local heterosexual AIDS cases is 3% percent higher than the national rate (C. Wiggins, personal communication, December 1992). This increasing number highlights the need for a comprehensive approach to AIDS education, health care, and a need for funding to support AIDS services and programs.

Chapter 4

Problem Conceptualization, Practicum Outcomes, and the Solution Strategy

Review of the Literature

In 1987, all public schools across Pennsylvania (501 districts) were mandated to provide AIDS education at least once in the elementary years, once in the junior high/middle school years, and once at the secondary level (Pennsylvania Chapter 5 Curriculum Requirements). During that time, districts scrambled to find programs that would satisfy the mandate. In most cases, the curriculums that were put in place in 1987 exist today with few revisions being made. Initially, this first wave of AIDS awareness was due to the attention of the Surgeon General (Koop, 1986):

> We can no longer afford to sidestep frank, open discussion about sexual practices, homosexual and heterosexual. Education about AIDS should start at an early age, so that children can grow up knowing the behaviors to avoid to protect themselves from exposure to the AIDS virus (p. 5)

Since June 1987, when Reader's Digest (Rosenthal, 1987) published a major report on the worldwide AIDS epidemic, the disease has spread to all regions of the world and to all socioeconomic categories. By 1993, over 11 million people around the world had been infected with the HIV that causes AIDS. That number is expected to at least triple in

the next 8 years.

The role of education and the public school system provides the most important link in dealing with the prevention of this fatal disease. The effectiveness and impact of the public school district AIDS programs can be measured by a comprehensive approach to educating the students, staff, and parents of the community.

Unlike the first program that set out to meet state and local mandates, AIDS/education programs must now focus on educating the entire community. According to Yarber (1987), AIDS is a public health problem of immense proportions that calls for national efforts to control and eventually eradicate this fatal disease. The school must be part of this effort because every day they serve more than 47 million students in 90,000 schools. Schools and social institutions are best suited to use the only tool we have against AIDS education. "Our schools are willing to take the lead in education" (Yarber, 1987, p. 7). Irrespective of the many AIDS issues that face public educators, districts must prepare educators and other school staff for the development of a comprehensive curriculum and the formulation of school health policies about AIDS.

Parents are asking schools to assume a greater role in AIDS education. A Time magazine poll (Leo, 1986) found that 83% of those surveyed agreed that schools should play the major role in AIDS education.

"Within the next 3 years, every school district in the country is likely to deal with a new and frightening challenge--dealing with the presence of students or staff members with HIV infection or AIDS" (Aquila, 1989, p. 1). Aquila contends that the manner in which schools respond to this challenge may well determine the future of U.S. education. Educational efforts directed mainly at prevention will no longer be sufficient. He stated that "public relations and staff education efforts must be comprehensive and must be initiated as soon as possible" (p. 1). Instructors and students need to be educated about any possible risks created by the presence of an HIV-infected student or co-worker.

The Center for Disease Control and Center for Health Promotion and Education (1988) provided information and guidelines that should be considered by school personnel who are responsible for planning and implementing AIDS education. "The specific content of AIDS education in schools should be locally determined and should be consistent with parental and community values" (Jones & Kolbe, 1988, p. 142). The article emphasized the importance of those involved in the education development.

> In each community, representatives of the school board, parents, school administrators and faculty, school health services, local medical societies, the local health department, students, minority groups, religious organizations and other relevant organizations can be involved in developing policies for school health education to prevent the spread of AIDS. (p. 142)

The Center for Disease Control (1988) established criteria that the school board could use to assess the effectiveness of their own program.

1. To what extent are parents, teachers, students, and appropriate community representatives involved in developing, implementing, and assessing AIDS education policies and programs?

2. To what extent is the program included as an important part of a more comprehensive school health education program?

3. To what extent is the program taught by regular classroom teachers in elementary grades and by qualified health education teachers or other similarly trained personnel in secondary grades?

4. To what extent is the program designed to help students acquire essential knowledge to prevent HIV infection at each appropriate grade?

5. To what extent does the program describe the benefits of abstinence for young people and mutually monogamous relationships within the context of marriage for adults?

6. To what extent is the program designed to help teenage students avoid specific types of behavior that increase the risk of becoming infected with HIV?

7. To what extent is adequate training about AIDS provided for school administrators, teachers, nurses, and counselors-especially those who teach about AIDS?

8. To what extent are sufficient program development time, classroom time. and educational materials provided for education about AIDS?

9. To what extent are the processes and outcomes of AIDS education being monitored and periodically assessed? (pp. 142-148)

Calamidas (1991) highlighted the difficult challenges that health educators must face in order to provide

comprehensive and effective AIDS education programs. She contended that the population of young people is heterogeneous and their educational needs are diverse. It was her experience that there were five difficult challenges confronting health educators in planning effective AIDS education programs.

First, Calamidas (1991) believed that a comprehensive, AIDS school-health-education program should include kindergarten through 12th-grade students and integrate a range of health concerns. It should be taught by well prepared teachers. She believed that community and parental support for AIDS education is essential. The focus of the scope and content of AIDS education programs should represent the needs of the youth in the local community.

Health educators should be sensitive in dealing with persons with AIDS and their families. It was estimated that by 1993, one in three teachers would teach a child who was HIV infected (Calamidas, 1991). Evidence suggests, according to Calamidas, that parents in communities that have committed themselves to learning about AIDS do not react negatively to AIDS programs provided by public school districts.

The developers of AIDS education programs must be sensitive to the ethnic and cultural diversities among youth. Health educators need to develop educational materials that are compatible with the cultures of different

students. Calamidas (1991) further pointed out that health educators should not overestimate the influence that the adolescent receives through religious affiliation.

The educational effort must be extended beyond the classroom to teach high-risk youth. Approximately 125,000 to 250,000 teens, two-thirds of whom are runaways, are involved in prostitution (Calamidas, 1991). Because most of these students are not in school, social agencies should be involved in the development, implementation, and evaluation of the educational program. Finally, Calamidas believes health educators must be committed to implementing comprehensive health education programs in order to effectively educate youth about AIDS.

The Canadian Association of School Administrators, through the consulting firm of Shannon and McCall (1990), suggested that the keys to successful AIDS education lie in curriculum design, materials, and research. Further they encouraged the development of school district policies that utilize a comprehensive, health education approach, a school community partnership, and guidelines for assessment and planning.

Similarly, the Center for Chronic Disease Prevention and Health Promotions (1988) advocated many of the same ideas for a successful program. The public health officials stressed that the combined efforts of federal and state government, schools, local agencies, and national and

local organizations are necessary to combat this fatal disease. The best approach to HIV education is to educate the entire school staff. The report concluded that a successful, AIDS/HIV education program should reflect community needs and values and be designed and implemented appropriately and effectively.

According to a Center for Disease Control report (1990), the nationwide education effort is not commensurate with the virus' potential for disaster. Two-thirds of all school districts nationwide offer some form of AIDS education, especially at the secondary level where risk of infection is highest due to the sexual activity of teens. In this report, it was found that the majority of health teachers had received some in-service training about AIDS. This education was often found insufficient, and 20% had received no training at all.

In a paper presented at the Annual Meeting of the American Educational Research Association, Silin (1990) shared his work with teachers, administrators, parents, and children in diverse New York school districts. Silin concluded:

> In the end, the AIDS curriculum will be more about life than about death, more about health than about illness, more about the body politic than the body physical. Although AIDS challenges our prior understanding of authority, it also offers us an opportunity to examine new models that more accurately reflect how we understand ourselves to be and what we would like our students to become. (p. 28)

Data Gathering Through Consulting with Others

Souderton Area School District is located in Montgomery County (third highest incidence of death from AIDS in Pennsylvania) and borders Bucks County (fourth highest incidence of death from AIDS in Pennsylvania). Perhaps some of the most relevant data gathered was that found in Bucks and Montgomery Counties.

In August 1992, a survey (see Appendix K) was sent to the Directors of Curriculum in Bucks and Montgomery County School Districts to assess their success in implementing an AIDS curriculum. Of the 17 districts that responded, only 2 districts were teaching AIDS education in Grades K-12, and most of the districts were concentrating their curriculum at the secondary level. Table 3 compares hours of instruction and grade levels in Montgomery and Bucks County and the Souderton Area School Districts.

The schools offering HIV/AIDS education at the 12th-grade level provided instruction in an "advanced" health curriculum. Only a small percentage of students elected this course offering.

The health, AIDS education curriculum was taught using a number of designs: a separate AIDS unit; AIDS taught as part of the drug unit (i.e., IV use); AIDS taught within a growth and development or human sexuality unit; AIDS taught as one of the infectious diseases; and AIDS taught as part of sexually transmitted diseases.

Table 3

HIV/AIDS Curriculum Concentration in Bucks and Montgomery County Schools Compared to SASD, 1991

Grade level	Number of districts who provide AIDS instruction	Average number of hours per year at that grade level	SASD
K	2	1.5	
1	2	1.5	
2	2	1.5	
3	4	2.0	
4	2	1.5	
5	9	2.0	2.0
6	7	2.5	
7	6	2.5	
8	10	3.0	1.0
9	13	3.0	2.0
10	12	3.5	
11	10	3.5	2.5
12	6	2.0	

It was found that those schools that integrate HIV/AIDS education within many subject areas, as well as providing a health curriculum with AIDS taught throughout all of the aforementioned units, provide the most comprehensive and effective approach.

The writer also asked how these schools used their AIDS Curriculum Committee to develop, monitor, and assess their programs. Eight of the districts have maintained their committee and indicated that the committee has been the guiding force toward more comprehensive education and additional program offerings. Examples of these curriculum outgrowths and offerings included guest speakers, assembly programs, AIDS peer awareness training (American Red Cross),

AIDS awareness days or weeks, and literature about AIDS. Another function of this committee in some districts is the review and sanctioning of all visual aids used in instruction (i.e., film strips, videos). Table 4 describes the nature of AIDS Curriculum Committees in Montgomery and Bucks County School Districts. The data indicated those districts that developed such a committee, the composition of the committee, and whether the committee networked with community agencies.

The AIDS Curriculum Committee in SASD was weak in that it did not have ongoing meetings directed at monitoring, updating, and assessing the curriculum.

Table 4

District AIDS Curriculum Committees in Surrounding School Districts, December 1991

Issue	Yes	No
Have an AIDS Curriculum Committee	14	3
Committee includes: staff, parents, administration	12	5
Committee meets on a regular basis	7	10
Committee utilizes medical consultants or health agencies	6	11

Another question asked on the survey concerned the amount of in-service training that districts provided to

their staff. Table 5 presents the results organized by type of staff and nature of the in-service training. The data indicated that 64% of the school districts viewed the professional staff as the most important group to receive in-service training on AIDS education and policy. Data also indicated that school districts had not taken a proactive approach to in-service training with support staff and other nondistrict employees.

Table 5

HIV/AIDS In-service Training, December 1991

N=17 Issue	Administ. board	Professional staff	Support staff	Other non-district employee
HIV/AIDS education	8	11	6	1
Policy education (infected student)	6	9	1	1
Policy education (infected staff)	6	2	1	1

In a conversation with the Director of Bucks County Department of Health and AIDS Education, (C. Whitney, (personal communication, February 4, 1992), he expressed the belief that Bucks County was light years ahead of Montgomery County. He contended that the Bucks County AIDS Network had "pestered" schools to be more proactive and to provide

comprehensive education and in-service training to their staff. He believed that public schools needed to make community education available but felt that the churches and business community also had a role in this education. Whitney claimed, "The most essential component of an AIDS program is the need to make certain the AIDS message is relative to your community and its values." He continued to emphasize that no comprehensive program is generic to all communities. He felt that the big risk factor in this area was the student use of alcohol. "The effect of alcohol will have an adverse effect on the decision-making process regarding having sexual relations, as well as the success rate of birth control methods while under the influence (i.e., using condoms)." Whitney concluded, "The fire burns across all geographic areas, and an emphasis must be placed on behavior as well as content. Emphasis must be placed on self-esteem issues and taking responsibility for one's actions."

In a telephone conversation with the Director of AIDS Education at the Pennsylvania Department of Health (M. Sutter, personal communication, November 1992), she discussed AIDS and how it effects youth who are sexually active. AIDS is no longer a disease of homosexuals and drug users. Heterosexuals represent 90% of recent AIDS cases. Reports by Center of Disease Control (1991) project about 58% of the students in Grades 9-12 are having sexual

intercourse and 40.4% report having four or more sexual partners in the past year. Sutter concluded that the percentage of heterosexual AIDS cases in southeast Pennsylvania was higher than the state and national rate. "This increasing number highlights the need for better education tailored to the needs and culture of those communities."

Planned Solution Components

The result of consultation with knowledgeable others and the review of the literature on AIDS education suggested that school districts should take a more comprehensive approach to HIV/AIDS education. The solution strategy had six major elements.

1. Conduct in-service programs for all district personnel to provide them with knowledge and understanding of HIV/AIDS education and the Souderton Area School District's AIDS policy.

2. Conduct in-service programs for all health teachers to provide them with knowledge, understanding, and strategies to teach the HIV/AIDS curriculum.

3. Develop a district-wide AIDS curriculum committee of staff, parents, and medical consultants to review and update the AIDS curriculum.

4. Develop a collaborative community school partnership to share relevant AIDS and policy information.

5. Develop and train an AIDS Awareness Peer Group to

assist classroom teachers and to answer concerns of peers regarding AIDS.

6. Appoint and train a district spokesperson to address administrative, staff, and community questions regarding the district's AIDS policy and curriculum.

MARP Outcomes

When the project began the following objectives were formulated.

Terminal Objectives

1. As a result of MARP implementation during the period of February 1992 to August 1993, the Souderton Area School District Health Department will follow all state and district mandates/guidelines on providing AIDS instruction. This will be observed by the practicum manager and monitored by ongoing communication. These guidelines/mandates include (a) using appropriate sanctioned supplemental material, (b) using the required pretests and posttests in class, (c) sending the required parent notification letter home prior to AIDS instruction, and (d) using approved audiovisual materials.

2. As a result of the MARP implementation, all Souderton Area School District employees will become knowledgeable in district AIDS policies, firstaid procedures with HIV students, and AIDS curriculum. This will be measured by requesting all district employees to complete a survey following their in-service training. At least 85% of

the respondents will answer Yes to Items 3-11 on the survey (see Appendix F).

3. As a result of the MARP implementation, there will be an increased involvement of community agencies and parents in AIDS education as measured by participation in in-service training opportunities and an attitude survey. At least 85% of the respondents will answer Yes to Items 7-13 on the survey (see Appendix G).

Process Objectives

1. All district staff, support staff, and nondistrict employees will attend 4 hours of in-service training about the AIDS curriculum and district policies/guidelines related to AIDS education.

2. All district administrators will attend 4 hours of AIDS in-service training about the AIDS curriculum and district policies/guidelines related to AIDS education.

3. All district health teachers will participate in 10 hours of AIDS-education in-service training. The health teachers will share teaching strategies on AIDS instruction at the elementary and secondary level, as evidenced by the curriculum revision and implementation.

Side Effects

This approach to AIDS education attempted to respond to the educational, social, and emotional needs and concerns of students, parents, and a community. There were several anticipated side effects.

This new awareness and knowledge of AIDS education would provide a proactive approach to dealing with HIV/AIDS-infected students and enhance a person's level of comfort to work with this individual or staff member.

The project's emphasis was on educating the district employees, parents, and community in AIDS education. The sensitive nature of this information had to be communicated in such a way as to maintain respect for one another and not offend religious or philosophical beliefs. This interaction enhanced a greater understanding of others as well as ongoing school, home, and community partnerships.

The success of the project resulted in an increased number of HIV/AIDS education offerings at the elementary and secondary level. These new offerings continued to help the students to make responsible decisions about dating relations and drug use.

Because this project took a comprehensive approach to AIDS education and policy, consistency of curriculum implementation and state mandate accountability become a beneficial by-product of this project.

Goals of the Enterprise

It was expected that this project would provide a comprehensive approach to HIV/AIDS education in Souderton Area School District. This approach will enhance the district's ability to deal with a disease that puts this generation at risk. This educational program and outreach

to parents and community will provide a proactive approach to AIDS and promote a network for dealing with future issues that will impact all of us.

Chapter 5

Historical Account of Strategy Implementation

It was the goal of this major applied research project to provide in-service training on AIDS education, state mandates, and district policy and procedures to the entire professional and support staff, the district administration, and the Souderton area community. The solution strategies included a series of in-service training activities/events. The AIDS Curriculum Committee was re-established to focus on organizing and implementing the in-service training and AIDS education opportunities within the district community.

The implementation process proceeded from December 1991 through August 1993. AIDS in-service training and related activities and events were conducted within the Souderton Area School District. Several programs were also provided for community group agencies and churches. The AIDS Curriculum Committee members included district administrators, high school administrators, medical consultants, the Director of Nursing, volunteers from the ministerium, parents, and teachers.

Strategy Implementation

Establishing the AIDS Curriculum Committee

In December 1991, the practicum manager re-established the AIDS Curriculum Committee (ACC) for the Souderton Area

School District. The purpose of the ACC was to organize and implement the action plan for operationalizing the strategy elements. The ACC was chaired by the practicum manager who also served as the district health and physical education chairperson. During the months of December and January, the chair solicited member participation from the following individuals and groups: district administration, the Superintendent, building level administrators (high school, middle school, and elementary), Director of Pupil Services, Souderton-Telford ministers, parent volunteers (elementary and secondary), the school physician, the Director of Nurses, and a school psychologist.

Organizing the ACC

The first ACC meeting was held in January 1992 at Indian Valley Middle School. This meeting provided a forum to discuss the AIDS curriculum and to focus on AIDS issues in the Souderton Area School District. Issues discussed focused on providing adequate AIDS education in-service training, AIDS-policy-and-procedure in-service training, and AIDS instruction consistency in Grades K-12. During the meeting, the practicum manager explained the state mandates on AIDS education (see Appendix A) and described the present policies and procedures practiced in the Souderton Area School District.

The SASD AIDS curriculum for Grades 5, 8, and 11 was

distributed to all committee members. Committee members were requested to review this and to share the curriculum with their respective groups and gather written or verbal feedback. Committee members were also asked to help in recruiting additional AIDS resource volunteers to network in the community to provide updated information on AIDS issues. In particular, members targeted local hospitals, doctors, AIDS groups, local, state, and national health departments, and county agencies.

Policy Review

The ACC continued to meet in January 1992 to review district AIDS policy relating to HIV-infected students and staff (see Appendix B) and to compare them to tested policies of other districts deemed exemplary by the Pennsylvania State Board Association. The review of these policies was discussed in relation to the district policy along with the review of literature submitted to the ACC. The practicum manager scheduled a presentation to the board's policy committee for February to review the AIDS policy.

Curriculum Review

The ACC continued to assess the AIDS curriculum and teaching strategies at the 5th, 8th, and 11th grade. This process was accomplished through a series of discussions by committee members sharing the views, questions, and concerns with the groups they represented (i.e., ministerium,

parents, and teachers). Minimal additions and deletions were made to the curriculum. Additional curriculum feedback was provided by the Director of Pathology, Grand View Hospital (see Appendix L). This curriculum review was, and will continue to be, ongoing and under the direction of the Director of Curriculum and the ACC.

Following 2 months of research and discussion of AIDS policy with staff in other school districts, the practicum manager made a presentation at a public, board-policy meeting to report findings and conclusions. The verbal report indicated the areas in which the ACC should begin AIDS in-service training. The areas that related specifically to this project were (a) AIDS in-service training/education for staff, and (b) in-service training/education for parents on district AIDS policies for HIV-infected students and staff members.

AIDS Awareness Peer Group

In March 1992, the project manager began student AIDS awareness with the help of the American Red Cross (Montgomery County Chapter). The strategy used for gaining student support and understanding for AIDS issues began with the project manager visiting health classes in 9th and 11th grade. AIDS issues and the importance of education were discussed in each class. Announcements and posting of a meeting for students interested in becoming members of an AIDS Awareness Peer Group were made in the senior high

school. Twenty-seven interested students attended the first meeting. The objective of this group was presented by the Red Cross, and a 10-hour AIDS education and peer-training workshop was scheduled. All students who wished to participate needed parent permission (see Appendix M).

Survey of Staff and Community

During the month of April 1992, the practicum manager surveyed the staff at the senior high school, as well as many community groups, to assess knowledge of AIDS, AIDS policies, and attitudes toward AIDS. Surveys were also given to the Souderton-Telford ministerium members to distribute and collect (see Appendix G). In addition, building principals were also requested to distribute this survey to their Home and School Association members. The practicum manager assessed the district health teachers who taught the AIDS curriculum in their health classes. Meetings with the health teaching staff were designed to formally discuss their need for AIDS education in-service training, the AIDS curriculum scope and sequence, their knowledge of the AIDS policy, and their compliance with the state mandate and district procedures (i.e., parent notification and excusal process).

The results of these surveys were used in the development of the in-service training program for the staff and the community.

Committee Networking

During May 1992, the project manager met with numerous community agencies for the purpose of recruiting knowledgeable resource people to provide district-wide in-service training. The in-service training was to be provided to administrators, all district professionals and support staff, and interested parents. AIDS instruction would also be provided to all district health and physical education teachers by the American Red Cross (Montgomery County). Instructors who helped to develop this in-service training included the Director of Pathology, the AIDS spokesperson, and the Director of Health and Wellness from Grand View Hospital. The Montgomery County American Red Cross also provided a program for school personnel.

It was also during May 1992 that the program manager met with the Director of the Indian Valley Opportunity Council. This community-based agency helps provide employment and housing for immigrants in the surrounding Souderton community. At this meeting, the Director shared the need to provide AIDS education to the Asian and Hispanic populations. To adequately provide community in-service training and education to these groups, the program manager needed to find written information about AIDS in both Spanish and Vietnamese and an interpreter to teach in these languages.

Inservice Training Schedule

During June 1992, the ACC met to finalize committee

priorities for in-service training for the administrators, the professional and support staff, the parents and community members, and the Peer Awareness groups. These in-service training programs were all coordinated by the Director of Curriculum/Staff Development, who provided in-service training days; the Director for Personnel and Support Services, who helped establish administrator in-service training opportunity and agendas; and the Communication Specialist, who scheduled community and parent forum dates and news releases. All of the aforementioned had the approval and support of the Board of Education and Superintendent of Schools. The majority of the detailed planning, preparation, and scheduling occurred in this month. (All in-service training dates were established as well as the events scheduled for AIDS World Awareness Day on December 1, 1992).

Budget Allocation

During the month of July 1992, the program manager prepared the specific materials and made final preparation for the AIDS in-service training for the administrative groups. This was also facilitated by the Superintendent (see Appendix N).

The fifth-grade, health teachers submitted a revised fifth-grade curriculum based on the recommendation provided by Hollander, Director of Pathology at Grand View Hospital (see Appendix L). The program manager also received a

budget allocation approval for $500.00 to be spent on in-service training during the 1992-1993 school year.

During this month, the program manager participated in the NOVA Summer Institute in Washington, D.C. While in Washington, the practicum manager visited the Department of Health and Welfare and was able to secure AIDS education materials written in both Vietnamese and Spanish. This information removed a big obstacle for the Indian Valley Opportunity Council and provided excellent resource information in all the school health rooms in the district.

Administrative In-service

The first AIDS in-service training was held in August 1992 for all 23 district administrators, school psychologists, and supervisors. The 3-hour in-service training included information about AIDS education (Director of Pathology, Grand View Hospital), AIDS curriculum and state mandates (practicum manager), and the district AIDS policy (Director of Pupil and Personnel services). Written feedback was gathered (see Appendix O) from all participants. This information was compiled by the practicum manager, and results were shared with the district office personnel and the ACC. This information was important for the planning of future in-service training.

Several new resources were provided to district buildings, and samples were distributed to the Souderton Telford Ministerium and the Indian Valley Opportunity

Council. These resources included brochures in Spanish and Vietnamese on AIDS education, a parent guide about AIDS education, and Responding to HIV and AIDS-A Teacher's Guide.

The Superintendent addressed the need for an individual to oversee or coordinate AIDS issues for the Souderton Area School District. The program manager accepted responsibility for all AIDS education curriculum and agreed to chair the ACC. The Director of Personnel became the spokesperson for all HIV/AIDS policy and health-related issues.

Elementary Health Teacher In-service Training

During the month of September 1992, all four elementary health teachers participated in an AIDS in-service program provided by the American Red Cross and the program manager. The Red Cross helped to develop teaching strategies, resources, and assessment tools within the AIDS curriculum. The practicum manager discussed the state mandate (see Appendix A) and the district procedures that all teaching staff must follow (i.e., parent notification letter, and the excusal process).

Announcements about the AIDS parent forum meetings were prepared and distributed through the students and advertised in the local newspaper (see Appendix P). In addition, building principals encouraged parent attendance via building newsletters and the Home-School Association (see Appendix Q).

Parent/Community In-service Training

The entire month of October 1992 was devoted to AIDS presentations to church and community groups, (i.e., Lion's Club, Indian Valley Women's Club, etc.). Each presentation was approximately 45 minutes in length and covered the following topics: function of the AIDS Curriculum Committee, AIDS state mandate, AIDS curriculum in 5th, 8th, and 11th grades, district AIDS policy, questions and answers, and evaluation (see Appendix R). The evaluations provided clear feedback that enhanced future presentations with similar audiences (i.e., more time spent on curriculum issues verses mandates). A total of seven presentations were provided during the month of October.

The ACC recommended that the SASD implement AIDS education in Grades K-4 beginning the 1993-1994 school year. This recommendation was brought to the District Curriculum Council Committee for approval and presented at the public board meeting. Both the Curriculum Council Committee and SASD Board of Education endorsed the development of a K-4 AIDS curriculum.

It was also in October that six students from Souderton Area High School (SAHS) went to the Pennsylvania State AIDS Training Seminar. The purpose of the training was to enhance their knowledge of AIDS education and AIDS issues and to provide peer support to the student body at Souderton Area High School.

K-5 Curriculum

During the month of November 1992, numerous published AIDS curriculums were reviewed in preparation for implementing AIDS education in Grades K-5. The curriculum recommended by the ACC was the American Red Cross "Building Block's, An AIDS Curriculum Guide For Elementary Educators (1989)." The practicum manager presented this recommendation to members of the Curriculum Council Committee and the school board. The practicum manager also met with the Supervisor of Science and Technology to discuss the scope and sequence of the elementary science curriculum and how AIDS education could best be implemented as part of the science curriculum. Curriculum in-service training for the elementary science teachers was also discussed and a time line developed.

The practicum manager made final preparations for the World AIDS Awareness Day (December 1) at Souderton Area High School and met with the Information Specialist to establish a public awareness campaign for the events. It was decided by the ACC that a letter would be sent home to all parents explaining the events at the high school; offering a preview of presented information (i.e., video of the play that was presented); and providing a student excusal procedure if desired by the parent or student (see Appendix S).

AIDS Awareness

The AIDS Peer Awareness Group carried out the events

scheduled for the month of December 1992. These included two AIDS assembly programs entitled "Live Wire." AIDS World Awareness announcements over the "morning show" (a student production of school news and daily announcements), and peer group discussion scheduled in 9th-grade and 11th-grade health classes. The events were well received. This was evident from feedback provided by the senior high English teachers, who asked their students to prepare a written critique about their feelings and reactions to the scheduled events.

Curriculum Recommendation

The ACC met in January 1993 to finalize curriculum recommendations for AIDS implementation in Grades 5, 8, and 11 for the 1993-1994 school year. These recommendations included a K-4 program and some minor changes to the existing curriculum in Grades 5, 8, and 11 for fall of 1993. The practicum manager met with the Business Manager, Superintendent, and Director of Curriculum to establish a budget proposal for district funding and in-service training purposes.

Final preparations were made for AIDS in-service training for the entire district staff. The agenda included: (a) AIDS education, (b) district policy, (c) the play "Live Wire" (a story of teenagers with AIDS), (d) AIDS-A Local Perspective, and (e) a presentation by a person with the AIDS virus. Building principals and the Director

of Building Operations provided coverage for building secretaries and custodians so all personnel could attend the workshop. This training clearly became a district priority.

District In-service Training

February 1993 was a very busy month for the ACC and the practicum manager. Perhaps the biggest event of the year occurred on February 11, 1993 with the district AIDS In-service Program (see Appendix T). The event was a great success based on verbal responses and informal written feedback to the practicum manager. The scheduled events went well beyond the time line projected in the agenda. Staff lunch and afternoon programs were rescheduled to accommodate the positive responses to the workshop.

The practicum manager utilized the day to conduct a workshop for physical education staff, fifth-grade teachers, and nurses on the AIDS curriculum and the SASD student excusal procedures/guidelines (see Appendix T). It was this in-service event that produced many unanticipated concerns regarding the fifth-grade health curriculum, and the fifth-grade AIDS curriculum. In addition, numerous inconsistencies surfaced among elementary staff about integrating health and science topics, as well as the scope and sequence of science curriculums.

In particular, there was concern about teaching the "transmission of AIDS through sexual intercourse" at the fifth-grade level. It was not that the concept of sexual

intercourse was objectionable, but rather that the growth and development curriculum did not teach this concept. Consequently, a student's introduction to the concept of sexual intercourse was introduced in the negative context of AIDS transmission. It was clear that curriculum changes were needed in the fifth-grade growth and development curriculum so that AIDS education provided a "healthy" introduction to this concept.

During February, the American Red Cross completed in-service training with all secondary health (AIDS) instructors. This in-service training provided the formal education piece that they requested. The 10-hour program was provided during 2 school days; the SASD paid for substitute teachers.

The ACC also met to review proposed videos and filmstrips. All materials reviewed and approved by the ACC were recommended by the health instructors and nurses who taught the AIDS curriculum in Grades 5, 8, and 11.

Growth and Development Issue

March 1993 was spent discussing the AIDS curriculum at the K-4 level and establishing a time line for elementary teacher in-service training in the 1993-1994 school year. This ACC action strategy did not occur because of the need to settle concerns about the fifth-grade growth and development curriculum and the AIDS curriculum.

The ACC did not want to change the AIDS curriculum or

delete the topic of transmission of AIDS from the present curriculum. Instead, the ACC suggested that the growth and development curriculum introduce the topic of "sexual intercourse" into its content. It was discovered that the fifth-grade growth and development unit was not in a written format, nor was it approved. This situation existed because the curriculum had previously been presented by the school physician and/or nurse. In 1992, the growth and development unit was presented by the Weller Center of Easton, Pennsylvania, an educational foundation that provides wellness programs to schools and other groups. This presentation had also been approved for April 1993. A parent preview and a question/answer session had also been scheduled. The presentation entitled "The Miracle of Life" was primarily a presentation about the process of conception to birth. The practicum manager met with representatives of the Weller Center to explain this situation and the need to introduce the concept of sexual intercourse into their presentation. He also requested that a description of their presentation be provided for parent review. The Weller Center was able to comply with these requests.

It was clear that, prior to implementing a K-4 AIDS curriculum, a growth and development curriculum had to be developed and approved. The SASD directed the practicum manager to establish a committee to design the growth and development curriculum for Grades K-12. These curriculum

meetings were held in addition to the ACC meetings and will continue through the 1993-1994 school year.

Also during March, building administrators were asked to ensure that district procedures to notify parents of the AIDS curriculum instruction and the excusal process were followed. This was the first time this procedure occurred with such consistency at the district level.

In-service training sessions on first aid, blood spills, and the use of latex gloves were also provided to staff (see Appendix U). Each school nurse conducted this training during faculty meetings.

Student Instructions in AIDS

During April 1993, health instructors, nurses, and the school physicians implemented the approved AIDS curriculum. Implementation of this curriculum included a pre- and posttest measuring AIDS knowledge in the 8th grade and 11th grade. The AIDS Peer Awareness Groups were utilized as a resource in health classes at the 11th grade.

AIDS Integration

The ACC discussed the need for AIDS education to be integrated into other subject areas when appropriate. During May 1993, the ACC met to draft a letter to be disseminated to all students in Grades 10, 11, and 12 (see Appendix V). In keeping with the district's philosophy of educational procedures for student excusal, the procedure for this request was printed on the reverse side (see

Appendix W).

The ACC also requested that the practicum manager research the number of students who requested exclusion from the AIDS instruction in SASD. The practicum manager solicited this information from the six elementary schools, the two middle schools, and the senior high school. A total of five students requested excusal from the AIDS curriculum due to religious or philosophical reasons.

AIDS In-service Training Evaluation

The ACC met to evaluate the AIDS in-service training. Three major recommendations were proposed: (a) review of the AIDS curriculum and AIDS resource materials should be ongoing, (b) in-service training should be required for all new employees, and (c) district procedures on AIDS instruction should continue to be carefully monitored by district and building administration.

Additional time was spent dealing with fifth-grade AIDS curriculum and the growth and development issues. It was decided that the project manager would develop an ad hoc committee that would meet during the summer months to resolve these issues.

Fifth-Grade Growth and Development Committee

The project manager was directed to develop a growth and development curriculum. This curriculum would be developed by a committee comprised of teachers, district and building administrators, members of the ministerium, the

school physician, the Director of Nurses for SASD, and parent volunteers who represented all grade levels. During the first meeting in July 1993, an overview of the AIDS curriculum and the growth and development curriculum provided by the Weller Center was presented. In addition to this review, committee members were given numerous growth and development curriculums collected from other school districts. The objective of this committee was to develop the fifth-grade growth and development curriculum. This will be completed by December 1993 and submitted for approval in January 1994. Implementation of this curriculum was scheduled for April, allowing time to provide in-service training to the teaching staff.

The ACC met in August 1993 and scheduled an October meeting to review the progress on the fifth-grade AIDS/growth and development curriculum as well as to discuss any updates relevant to AIDS curriculum or staff development. It was decided that quarterly meetings were essential to continue the initiatives undertaken as a result of this project. These meetings will involve the ACC, Director of Curriculum, Director of Personnel, and Dr. Hollander from Grand View Hospital. The board will be made aware of any action plans and revisions and updates of AIDS education as they effect curriculum of the in-service training necessary for district employees. In addition, all principals will continue to monitor the procedures and

mandates to be followed by the teaching staff. Ongoing communication, in-service training, and networking between school, parents, and community will continue to be vital functions of this group..

Chapter 6

Evaluation of Results and Process

Presentation, Analysis, and Interpretation of Major Applied Research Outcomes

This study had as its focus the development and implementation of an AIDS in-service training program. This in-service training focused on AIDS awareness within the Souderton Area School District community. Training was provided to the health educators teaching the AIDS curriculum as well as to the total district's professional staff in the areas of AIDS education, district AIDS policy, and the AIDS instruction mandate stated in Chapter V regulations by the State of Pennsylvania. This program was accomplished over an 18-month period through a variety of planned in-service training programs. The AIDS Curriculum Committee (ACC) developed the action strategies and implemented the in-service training throughout this project.

It should be further noted that a group of students participated in an in-service training program entitled "AIDS Peer Awareness" sponsored by the American Red Cross (Montgomery County Chapter). The improvement in the knowledge and awareness of AIDS education, policy, and state district mandates appears to be related to the AIDS in-service training feedback documented and analyzed. The

following terminal and process objectives governed the analysis and the monitoring of the research project.

Terminal Objective 1

As a result of the MARP implementation during the period February 1992 to August 1993, the Souderton Area School District health department will follow all state and district mandates/guidelines on providing AIDS instruction. This will be observed by the practicum manager and monitored by ongoing communication. These guidelines/mandates include: (a) using appropriate sanctioned supplemental material, (b) using the required pretest and posttest in class, (c) sending the required parent notification letter home prior to AIDS instruction, and (d) using approved audiovisual materials.

Results Of Terminal Objective 1

This process began in December 1991 and continued through June 1993. As a result of the health department feedback and direct observations made by the practicum manager, this objective was successfully met. The use of appropriate sanctioned supplemental materials were all approved by the AIDS curriculum Committee (ACC). All supplemental materials were sent directly to the ACC and the practicum manager. These materials, which included primarily pamphlets and worksheets, were then approved by the committee. It is important to point out that this

measure was not meant to censor materials or restrict teacher, health instruction strategies. Its purpose was only to ensure that this material was within the content of the curriculum and that these resources were consistent and available to all health teachers. This process did not require all the health staff to utilize all of the teaching strategies/materials approved. These materials were used by the health teachers when they were appropriate for their classes. For the first time, all the supplemental materials were consistent, available in all buildings, and approved by the ACC, the district curriculum council, and the school board.

In previous years of AIDS instruction, health teachers at the 8th-grade and 11th-grade levels were to administer both a pre- and postsurvey to assess student knowledge of AIDS information. This survey (see Appendix E) was not utilized on a consistent basis by the health instructors. During the time period when AIDS instruction was taught during this project, all health instructors used these surveys. Results from these surveys did not accurately measure students' knowledge of AIDS education. Response from staff and students can be generalized into two comments: (a) The survey did not assess the curriculum taught; and (b) the survey questions could be accurately answered without formal education (because of student exposure to television news, advertisements, magazines, and

newspapers, etc). The staff concluded that these surveys should only be utilized at Grade 8 and be optional for health teachers in Grade 11. It was also felt by the health staff that the time needed to administer and review the results was valuable instruction time. In further discussion, staff felt that developing a new survey would provide a better measure of student knowledge in AIDS instruction.

Parent notification of AIDS instruction was not a consistent practice in Souderton Area School District. The state mandate (see Appendix A) required all districts to send a letter of notification to parents stating when AIDS education would occur, providing an overview of the curriculum to be taught, and explaining the procedure for student excusal from class if the parent so requested. The result of this notification was that all health teachers did send the letter developed by the ACC (see Appendix D). Compliance to this mandate was the result of the Director of Personnel and Pupil Services requiring building principals to monitor this mailing and the excusal process. The prior inconsistency was due to the fact that AIDS instruction was previously taught by the fifth-grade elementary teacher, not the health instructor. Because fewer staff were now involved and were provided the necessary in-service training on the state/district mandate, all nine schools were in compliance with this mandate.

All audiovisual materials (videos) must be approved prior for use in the classroom. These materials had no prior review and approval from either the ACC or the school board. Health teachers at the secondary level were utilizing numerous videos that had been copied from television specials on AIDS or purchased without the district approval. During February 1993, the ACC met and reviewed the numerous selections submitted by the elementary and secondary health teachers. It was not the goal of the ACC to censor these materials but rather to ensure that the content of the videos reflected the concepts taught in the curriculum. The result of this procedure provided the district with many approved video options that were not consistent and available to all health instructors district wide. The result of these video approval listings also provided parents an opportunity to review the video information and the opportunity for family discussion/education. This unforeseen practice resulted in a new district initiative: the development and implementation of a Parent/Community Video Bank. This concept has since been expanded to include videos on growth and development, parenting skills, and other issues relative to developing a community of learners.

Terminal Objective 2

As a result of the MARP implementation, all Souderton Area School District employees, administration, teachers,

custodians, and secretaries, will become knowledgeable in district AIDS policies, first aid procedures with HIV students, and AIDS curriculum. This will be measured by requesting all district employees to complete a survey following their in-service training. At least 85% of the respondents will answer Yes to Items 3-11 on the survey (see Appendix F).

Results Of Terminal Objective 2

As a result of AIDS in-service training to all district employees, this terminal objective was fully met. Souderton Area School District provided in-service training to the board of education, all professional staff members, support staff and nondistrict employees. AIDS in-service training was developed and implemented to address the following topics: AIDS curriculum, state and district AIDS mandates/and instruction procedures, AIDS policy, and first aid procedures for blood spills. A previous questionnaire was provided to the high school staff population (see Table 1). The identical questionnaire was provided following the in-service training. The results on Table 6 indicate that this objective was successfully met. Table 6 data indicated that, at the onset of this program, 13% of the high school staff had previous in-service training or formal education in AIDS/HIV. Following the in-service training, 97% of the high school staff felt they had received adequate in-service training and felt more knowledgeable in AIDS education.

Another impressive gain occurred concerning knowledge of the district AIDS/HIV policy. This gain was represented by an increase of 84 percentage points regarding the student

Table 6

Comparison of The Results of High School Staff to AIDS Questionnaire, Results 1993

Question	Yes (#)	Yes (%)	No (#)	No (%)	Not sure (#)	Not sure (%)	
3. Should students be taught about AIDS/HIV?		72	100	0	0	0	0
4. Do you have formal education/ in-service training in AIDS/HIV?	70	97	0	0	0	0	
5. Are you familiar with AIDS/HIV policy for students?	67	93	0	0	0	0	
6. Are you familiar with the AIDS/HIV policy for staff?	65	90	0	0	0	0	
7. Should a student with AIDS/HIV be allowed to go to school?	71	98	0	0	0	0	
8. Would you feel comfortable teaching a student in your class who had AIDS/HIV?	63	87	0	0	0	0	
9. Would you feel comfortable working with a staff member who is AIDS/HIV infected?	63	87	0	0	0	0	
10. Is AIDS/HIV discussed in your classroom?	N/A						
11. Should staff be provided with ongoing AIDS/HIV in-service training?	71	98	0	0	0	0	

policy and an increase of 90 percentage points with the staff policy. Following the in-service training, an increase of 98% of the staff felt that an AIDS/HIV-infected student should be educated within the school setting. It should be noted that this targeted population indicated smaller gains in areas where the staff member was to work directly with an infected student or staff member.

Staff responded in a variety of ways to Question 10, which requested if AIDS would be discussed in their classroom following the in-service training. Many felt that this question was misleading and no longer applied based on their knowledge of the AIDS policy, which mandates parental notification prior to AIDS instruction. It also mandates that only those concepts approved in the curriculum may be part of an AIDS discussion. Clearly, an integrated AIDS instruction approach would be the most effective approach for student learning. This integrated, teaching strategy is presently being pursued as a result of this project through the ACC. In addition, 98% of the staff believed that ongoing AIDS in-service training is essential for all educators.

Teachers, custodians, and secretaries from the other schools also responded in writing to the in-service training. Their feedback was compiled by a staff development committee at each individual school. The result of this in-service training was compiled, and a list of

comments were presented to the Director of Personnel and Pupil Services. These results were also shared with the ACC and project manager. Comments were very favorable, and it was felt that the information presented provided both relevance and application for all employees in attendance. A suggestion from this feedback resulted in additional in-service training on first aid for blood spills in the school environment (classroom, playground, athletic field, etc.). This procedure was handled in each building by the school nurse. The in-service training feedback also resulted in the distribution of latex gloves for all district staff.

All district building administrators and the school board also participated in an in-service program on AIDS/HIV education, state mandates, and first aid procedures. The results from this training provided some of the most positive impacts of this project. Based on a new understanding of the mandate, building principals, for the first time, were consistent from school to school in implementing and monitoring policy and procedures. This approach included parental notification of AIDS/HIV instruction, when it would occur, as well as the excusal procedure from the AIDS/HIV education, if requested by the parents. A direct result of this procedure was to provide a parent preview of AIDS/HIV instruction at the fifth-grade level. This preview included an introduction of the ACC, a presentation of the curriculum goals and teaching

strategies, and the viewing of the approved videos. This preview was advertised in building newsletters and through Home-School Association meetings. Over 100 parents attended this preview, and, as a result of the meeting, 17 families viewed the video at home with their children.

Terminal Objective 3

As a result of the MARP implementation, there will be increased involvement of community agencies and parents in AIDS education as measured by participation at in-service training opportunities and in an attitude survey. At least 85% of the respondents will answer Yes to Items 7-13 on the survey (see Appendix G).

Results of Terminal Objective 3

The results of this objective clearly indicated an increase awareness of AIDS/HIV education, state mandates, and district policy. There were nine in-service training programs presented during the implementation. These community presentations were held at elementary, middle and high schools; community churches and social groups; and the Kiwanis, Lions, and the Indian Valley Women's Clubs. These presentations resulted in the participation of over 400 community members and parents. Following each presentation, the survey used in December 1991 (see Appendix G) was distributed. A total of 361 people responded to the survey. Table 7 presents the result of relevant questions.

Table 7

Results of the Souderton Area Community to AIDS Knowledge, October 1992-February 1993

Question	Yes Percent 1991	1993
5. Should students be taught about AIDS/HIV infection in school?	87	96
7. Do you have any formal AIDS/HIV education?	6	100
8. Should a student with AIDS/HIV infection be allowed to go to your school?	71	93
9. Would you be willing to let your child in the same class with a student having the AIDS/HIV infection?	62	87
10. Do you know where to get good information about AIDS/HIV infection?	86	97
11. Have you ever talked about AIDS/HIV infection with your child?	91	98

Questions 5, 8, and 9 were intended to measure attitudes of parents and community members following formal in-service training opportunities. The community clearly endorsed the Souderton Area School District's teaching of HIV/AIDS education as per the state mandate. Results also indicated that 93% of the respondents believed students infected with the HIV/AIDS virus should be taught within the public school setting. The results of Question 9 suggest

that more parental AIDS awareness decreases the fears associated with having an infected child in the classroom with children who are not infected. This evidence demonstrates the increased knowledge that this sample population now has regarding the transmission of the virus.

Question 7 suggests that every member of this population felt that the AIDS in-service training provided formal AIDS education. Although many respondents reported having discussed AIDS education with their children prior to these programs, many parents responded they had gained more comfort in discussing these issues due to their increase of AIDS knowledge and district policy. In addition to an increase of public AIDS awareness, many respondents would now turn to the school district as a good source of information.

Joining in these community presentations were additional agencies/resources not previously involved in this in-service training. The Grand View Hospital, the Montgomery County Chapter of the American Red Cross, the Director of Personnel, and the ACC worked to provide this service. Together these people networked to provide a comprehensive training program to the communities of the district. Prior to this project, there had been no training and/or educational services provided. As a result of this MARP, other community groups have requested that in-service training be made available to their organizations. In

addition, the Indian Valley Opportunity Council has offered their services to their target population and has provided an interpreter for the Hispanic and Asian population within the growing community.

An unexpected outcome of this project has been the response received from neighboring communities and seven other school districts inquiring about the project, the participants, and the agencies involved. The strategies Souderton Area School District provided may become a model for other districts' in-service training initiatives.

Results of Process Objective 1

As a result of the 4-hour in-service training for all district staff, support staff, and nondistrict employees, this objective was successfully met. This February in-service activity provided all employees of Souderton Area High School an excellent insight and knowledge of the districts' AIDS education and the policies/guidelines relevant to specific job responsibilities in the district. As a result of this training, numerous questions were asked about an even more comprehensive approach. Such questions included athletic participation in some contact sports (i.e., wrestling and football), the articulation of AIDS curriculum K-12, the integration of AIDS in other curriculum areas, and the approval for a speaker to discuss AIDS in the classroom. Although many of these questions were answered, some concerns still are being addressed through the ACC and

newly established procedures may yet result from this project.

Result of Process Objective 2

The objective of having all administrators attend a 4-hour AIDS in-service program was successfully met. Due to some administrator vacations, not all administrators went through the training the same day. Not all speakers were available for both sessions, but all of the presented information was provided to all administrators. Through this in-service training, many issues and inconsistencies were addressed, and solutions were discussed. Such issues included the parent notification and the excusal procedure, the number of lessons at the elementary level, the viewing and use of approved materials/videos, and a clear understanding of policy. This in-service training also prompted the need for ongoing AIDS training; educational updates; building, in-service-training on blood spills; the distribution of latex gloves; and the value of knowledge in this area, which soon will be an issue that all involved will be directly experiencing.

Result of Process Objective 3

All district, health teachers participated in 10 hours of AIDS education. This objective was successfully met. This in-service training was provided to all district, health teachers at both the elementary and secondary level. It was divided into a 2-day instructional session provided

by the Montgomery County Chapter of the American Red Cross. The first day was devoted to elementary health staff, and the second day was a program for secondary staff. The results of these 2 days of training allowed the respective groups to focus on specific issues/questions related to the grade levels they teach. In addition, the health teachers shared teaching strategies and assessment tools on AIDS instruction. There was emphasis placed on the need to follow the district guidelines and procedures regarding this instruction and mandate. The staff commented that this training and review of state and district mandates resulted in a new sense of unity and consistency, which had not been part of previous district practice. This training mandated that the staff were to instruct students within the approved curriculum and with approved audiovisual materials. This result prompted the importance of an integrated, comprehensive approach to AIDS instruction. This integrated approach is presently being pursued by the ACC. In addition, hours devoted to AIDS instruction in the classroom were also increased as a result of this in-service training and AIDS awareness (see Table 8). The Souderton Area District increased a minimum of 1.5 hours in AIDS instruction. In all grade levels, SASD equaled or exceeded the hours provided to AIDS instruction when compared to other polled districts. Staff contends this increase in instruction was clearly a result of these hours of

in-service training.

Table 8

HIV/AIDS Curriculum Concentration in Bucks and Montgomery County Compared to SASD, 1991-1993

Grade	Number of districts who provide AIDS instructions	Average number of hours per year at that grade level	SASD 1991	SASD 1993
K	2	1.5		
1	2	1.5		
2	2	1.5		
3	4	2.0		
4	2	1.5		
5	9	2.0	2.0	3.5
6	7	2.5		
7	6	2.5		
8	10	3.0	1.0	3.0
9	13	3.0	2.0	3.5
10	12	3.5		
11	10	3.5	2.5	4.0
12	6	2.0		

Side Effects of the Major Applied Research Project

The most important side effect of this project was a new awareness and knowledge of AIDS education. This side effect created a "community of learners" (staff, administration, parents, etc.) and enriched their knowledge and level of comfort to deal with these issues. This initiative prompted a proactive approach to deal with new and ongoing AIDS concerns. These concerns are important and will be addressed by the ACC during the coming year. The committee intends to:

1. Integrate AIDS instruction at the Senior High.

2. Develop a growth and development curriculum K-12.

3. Initiate a K-12 AIDS curriculum.

4. Provide ongoing parent review of curriculum objectives and audiovisual materials.

The success of the collaboration between school, home, and community created a greater understanding and appreciation for each others' role. This interaction created some strong partnerships that previously did not exist in the Souderton communities.

Appropriateness and Effectiveness of Solution Strategies

After evaluating the employed strategies and the results, it was felt that the implementation of in-service training to all district employees was effective. The program goals to increase knowledge and awareness of AIDS instruction, district AIDS policies, state mandates, and first aid were achieved. This training was comprehensive and provided to the school district and community county agencies. This approach contributed toward improved communication and collaboration. This improved communication also resulted in positive attitudes and awareness toward AIDS instruction for those participants.

In summary, the solution strategies implemented did improve knowledge of AIDS education, policy, first aid, and state and district mandates. This new awareness was a direct result of a comprehensive, in-service program that

created a collaborative and proactive approach to AIDS education and related issues.

The Intervention Strategies and Other School Districts

This study could easily be adapted to any school district. Instruction of AIDS education is state-mandated and the in-service programs provided were primarily presented by county agencies or local hospitals, doctors, school district administration, and/or teaching staff. Recruitment of local resource people enables districts to tailor their in-service training to meet specific needs of students, staff, and community. This approach also provided an ongoing resource for continued growth in AIDS education and related issues.

In-service training and AIDS education are the keys to changing behavior and attitudes. It has already been said that there is no cure or vaccine--if you get AIDS, you die. For those who recognize that a comprehensive, AIDS education and in-service-training program is essential, the following guidelines should be incorporated within the program initiative:

1. All building administrators, district office administration, and the school board must lend support to the program prior to implementation.

2. Awareness sessions should allow for all administrators and significant participators to ask their needed questions and receive solid answers.

3. An AIDS committee should include a diverse group, which adequately represents the district and community.

4. An AIDS needs assessment of the district and the community where this in-service training will be implemented is useful. Have the ACC evaluate and analyze the data. Provide in-service workshops for the staff and community based on the results. This will allow priorities to be set.

5. Develop an activity schedule that provides for maximum participation.

The program manager should endeavor to gain support before entering into this type of program; however, the program can be implemented successfully without everyone's support. An effective leader can work around those who do not support the philosophy of the project. Although everyone will say they believe education belongs in the curriculum, there is a wide disparity of how it should be included. It is incumbent upon the project manager to gain as much consensus as possible in order for this program to work effectively. There must be a person from central office, a building administrator, and several teachers who support the project.

Monitoring the goals and objectives is essential. Accountability is a necessary element in the implementation of this project. The monitoring can be shared among administrators and the ACC. The project manager should also be active in coordinating this major project.

The input provided by the staff and students must be discussed and considered credible if ownership of the project is to reach the building level. Ideas should be implemented or changes made as a result of those discussions. This will maintain the initiative and maintain enthusiasm.

In conclusion, a comprehensive AIDS education program is one of the most needed projects a school can choose to undertake. It is a key to savings lives. The goal of this project was to help students, staff, community members, and parents increase their AIDS knowledge and awareness of AIDS issues effecting the school and community. This project demonstrated several ideas for success in dealing with a comprehensive AIDS education; it does not provide all the answers, nor all the solutions. Each school district must take the provided information and tailor a program to meets its needs. In today's changing world, all school districts would benefit from a comprehensive AIDS education program.

Chapter 7

Decisions in the Future

Maintenance of the Initiative

The intention of this project was threefold. The first component was to provide AIDS in-service training for all district staff: administration, staff, and support staff. In order to meet the needs of the Souderton Area School District, the total staff needed to become familiar and aware of AIDS issues, policy, and state mandates. A second aspect of this initiative included (a) providing consistency in all buildings providing sanctioned supplemental materials, (b) requiring a pretest and posttest, (c) sending parent notification home prior to AIDS instruction, and (d) using approved audiovisual materials. The third aspect was to increase involvement of community agencies in the Souderton Area School District and parents in AIDS education.

The AIDS in-service training to all the aforementioned groups allowed the AIDS Committee in the Souderton Area School District to better understand their needs. Feedback from the participants and the project manager to the ACC, prompted new initiatives and goals for ongoing review and expansion in such areas as curriculum, policy, integrated instruction, community involvement, student AIDS peer

awareness, continuous AIDS updates, and in-service training for staff.

Input and feedback from all involved also assured the success of this program. When teachers went to these in-service trainings workshops, their feedback provided glowing accolades about the program, the people who presented, and the opportunities that organizations provided to them as well as our community.

Follow-Up Actions for the Project's Future

During the course of the project implementation, goals for the forthcoming year were written. It became apparent that continued growth in AIDS awareness in areas of instruction, policy, first aid, state mandates, and district procedure is essential and will require additional emphasis. Rather than isolating AIDS education content to just health classroom instruction, students should be exposed to AIDS education in other subject areas. This integrated approach provides interrelated concepts that reinforce desired outcomes as well as offering more relevance and application of meaning. As this project continues, this is a major focus for future AIDS instruction.

Additional attention must also be given to the growth and development curriculum, or sex education. It became obvious that a K-12 articulation must occur in this area if AIDS instruction is to dovetail with interrelated concepts

(i.e., sexual intercourse as a means of AIDS transmission). It is the contention of the ACC that an AIDS curriculum now be provided at all grade levels, K-12.

A plan for future development will be staff training for all staff new to the district. Without careful monitoring of this process, the district could be in a similar situation as was just experienced due to large numbers of staff retiring in the next few years.

Dissemination of the Project

Dissemination of the project has taken place since February of 1993. Superintendents from the surrounding communities have requested information on in-service programs and the presenters and available agencies who could provide these services. Packets were sent to all of those requesting information. Each packet included surveys, activities, and a program overview. A copy of the projects goals and objectives were also forwarded to school districts. In March 1993, this writer met with neighboring superintendents to provide specific information. There continues to be an ongoing follow-up of the MARP results and requests for ongoing presentations to be provided to community groups/organizations.

A full report of this project was presented to the board of education at its August 1993 meeting. They also received a written report prior to that meeting that outlined actions taken and significant results.

As a result of this project, the writer and this district are now perceived as a district well versed in AIDS instruction and one that has taken a proactive approach to becoming a community of learners about AIDS.

Strategies and Consideration for Reimplementation of the Project

If this writer were to reimplement the program at Souderton Area School District, most of the strategies implemented would be maintained. In-service training opportunities would be expanded to meet the needs of each building faculty. Training on such a large scale did not enable maximum staff participation. The strategy of meeting with smaller numbers would have provided more time to deal with specific issues/concerns unique to an elementary or secondary focus.

The last consideration for reimplementation action would be the necessity for all building administrators to take more ownerships for this initiative. Although the implementation was effectively articulated and carried out within the buildings, more support from building principals could have led to more involvement of the staff and target populations.

Many benefits have been gained as a result of the implementation of this project. The most important for this writer was the opportunity to work directly with so many groups: staff, parents, students, and community agencies.

It is hoped that the results of this project will inspire other school systems interested in implementating a comprehensive AIDS program. As this writer views the increasing rise in the HIV/AIDS-infected population within the United States, this program or one similar must be provided.

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Appendixes

ANNEX A

TITLE 22: EDUCATION
22 PA. CODE, CHAPTER 5
CURRICULUM REQUIREMENTS

§5.10a. Acquired Immune Deficiency Syndrome (AIDS)

(a) Each school entity shall provide instruction about Acquired Immune Deficiency Syndrome (AIDS) and related issues to its students at least once in the elementary grades, at least once in the middle/junior high school grades and at least once in the senior high school grades. This instruction shall be included in the curriculum in the health course and shall be presented in a series of systematic lessons covering the content outlined in subsection (c).

(b) The appropriate time in the school year shall be determined by each school district individually.

(c) Educational materials and instruction shall be determined by the local school district and be appropriate to the age group being taught. Each program of instruction shall include, but need not be limited to, information about the nature of the disease, the lack of a cure, the ways the disease is transmitted and how infection can be prevented. The school district may, in its discretion, omit instruction in the elementary grades on the transmission of the disease through sexual activity. Programs discussing the transmission of AIDS through sexual activity shall stress that abstinence from sexual activity is the only completely reliable means of preventing the sexual transmission of AIDS. Each program shall stress that avoidance of illegal drug use is the only completely reliable means of preventing transmission of AIDS through shared drug paraphernalia.

(d) A school district shall excuse pupils from instruction in AIDS when this instruction conflicts with the religious beliefs or moral principles of

the parent(s), guardian(s) or of the pupil. School districts shall require written requests for excusals. Prior to the commencement of instruction each school district shall publicise that detailed curriculum outlines and all curricular materials used in conjunction with the instruction shall be available to all parent(s) or guardian(s) during normal school hours or at teacher/parent conferences. Such curricular materials, where practical, shall be made available by the school district for home instruction use by the parent(s) or guardian(s) of any student excused from the district's program of instruction about AIDS.

§5.13. Educational Planning and Assessment.

* * * * *

(f)The following are the Goals of Quality Education. The learning objectives are presented as subparagraphs under the goals with which they are typically associated. They may be linked to other appropriate goals.

* * * * *

(9) Health. Quality education shall help every student acquire knowledge and develop practices necessary to maintain physical and emotional well-being. Objectives are:

* * * * *

(ii) Knowledge of community health, disease prevention and control including knowledge from instruction about Acquired Immune Deficiency Syndrome (AIDS), as required by §5.10a (relating to Acquired Immune Deficiency Syndrome (AIDS)).

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Souderton Area School District

Section PUPILS

Title MANAGEMENT OF ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS)

Date Adopted April 28, 1986

Date Revised: December 5, 1988

Guide	210A MANAGEMENT OF ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS)	Reference
1. Purpose	The Board of Education of the Souderton Area School District is committed to the provision of a healthful environment for students and employes of the district. The following policy has been developed in an effort to maintain that commitment and to safeguard the school community against the transmission of Acquired Immune Deficiency Syndrome (AIDS); consistent with the right to a free public education and the obligation to protect the health and welfare of students and employes.	
2. Definition	AIDS is an acronym for acquired immune deficiency syndrome. As used in this policy, AIDS includes all infections caused by the human immunodeficiency virus (HIV) and includes acquired immune deficiency syndrome (AIDS), AIDS-related complex (ARC), and asymptomatic infections of this virus. This policy applies to all students and employes in all programs conducted by the Souderton Area School District.	
3. Responsibility	The school district central contact person for handling information related to the AIDS policy for AIDS cases is the Superintendent or his/her designee.	
4. Confidentiality	Medical records will be kept confidential. School officials will be involved on a need-to-know basis. The number of persons informed of an AIDS case will be kept to the minimum necessary to assure proper care and supervision of the individual and the school community.	
5. Procedure (Students)	Decisions about the participation of individuals infected with AIDS-related virus in the school setting will be made on a case-by-case basis.	

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Participation in school activities by students who have been diagnosed by a physician as having AIDS shall be determined as follows:

a. A physician (other than the child's physician, but in communication with the child's physician) designated by the school district shall make a preliminary recommendation to the district as to the health risks associated with the case. If potential health risks are identified by the physician, a committee shall review and assess all pertinent aspects of the case in order to determine the student's appropriate educational and social alternatives as they relate to school activities.

b. The Superintendent may provide an alternative educational placement (including exclusion) for the student following the timely recommendations of the designated physician and/or the committee.

c. Committee members shall be:

Director of Personnel & Support Services
School District Medical Director
Coordinator of Nurses
Building Principal
Student's Physician

The committee shall make a timely recommendation to the Superintendent regarding participation of the student in school activities. The Superintendent shall promptly make a final decision on the student's participation in school activities. Parents will be notified by the Superintendent.

d. The committee shall meet periodically to review their recommendations to the Superintendent regarding participation of the student in school activities.

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e. Decisions of the Superintendent and the committee shall be consistent with rights afforded students under the Pennsylvania School Code, regulations of the Department of Education, and other state and federal laws applicable to the right to education.

6. Procedure (Employes)

Decisions about the participation of employes infected with AIDS-related virus in the school setting will be made on a case-by-case basis.

Such determination shall be made by the Board of School Directors upon the recommendation of the Superintendent. The Superintendent's recommendation shall be made after consultation with:

Assistant Superintendent
Employe's Physician
School District Personnel
School District Solicitor
Employe's Representative (could be legal, and/or union, or other)

Any decision made by the Superintendent and/or the Board of School Directors shall be consistent with the rights afforded an employe under the Pennsylvania School Code, regulations of Department of Education, and applicable collective bargaining agreements.

7. Evaluation

Current medical research indicates that AIDS is sexually and/or blood transmitted; therefore, the risk factor in a school setting is minimal.

This policy is based on current medical research and status of the law. The policy will be periodically re-evaluated and, if necessary, revised in response to new medical and legal developments.

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AIDS EDUCATION

I. Elementary Schools

Elementary School	Grade Level	Instructor	Use Video	Hrs/Days Taught
Oak Ridge	5	Classroom Teacher	Yes	3 days
Salford Hills	5	Classroom Teacher	Yes	3-5 Days
Franconia	5	Classroom Teacher	Yes	3-5 Days
*EMC	5	1 Classroom Teacher is not teaching	Yes	3-5 Days
*Lower Salford	5	Not Taught Last Year	?	?
West Broad	5	Nurse	Yes	4 Days

Additional Comments:

Salford Hills discussed integrating "Magic Johnson" into curriculum instruction.

Staff is teaching AIDS within the science unit.

Appendix D

SOUDERTON AREA SCHOOL DISTRICT

District Office 139 Harleysville Pike Souderton, Pennsylvania 18964

Telephone (215) 723-6061

DR. ALEXANDER GRANDE, II, Superintendent of Schools
DR. GARY R. COOPER, Asst. Superintendent of Schools
ROBERT SALANIK, Business Manager
JOSEPH C. BENDER, Director of Personnel

"An Equal Opportunity Employer"

Dear Parents:

Starting the week of, , your eleventh grader will be studying a unit on human growth and development in health class. The unit will take 12 to 14 class periods and will include such topics as family structure, dating, human sexuality, puberty, the reproductive system, AIDS, and sexually transmitted diseases. The objectives of this unit are to provide factual knowledge about human growth and development, to emphasize the importance of the family, and to promote mature judgments about dating which will enhance individual growth toward a stable, mutually beneficial relationship with a member of the opposite sex.

Questions asked by students in class about these and related topics will be answered briefly and factually.

In keeping with the district's Philosophy of Education, we will endeavor in this class, as in any other class, to help students increase their self-esteem, to develop a sense of responsibility for individual action, and to consider the physical, emotional, and spiritual needs of others. It is your right and responsibility as parents, however, to teach your children how these general principles should be translated into individual action, according to your own moral and religious values. We encourage you to use these health classes as a basis for further discussion at home with your teen-ager. The AIDS Curriculum may be found in your school or public library for your review.

If you have any further questions about the course of study for this unit or would like to review any of the materials used in class, please feel free to call the school for an appointment. If for any reason you do not wish your son or daughter to participate in these classes, please read the procedures on the opposite page.

Sincerely,

Health Teacher

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SOUDERTON AREA SCHOOL DISTRICT

FRANCONIA ELEMENTARY SCHOOL
366 Harleysville Pike
Souderton, Pennsylvania 18964
Barbara A. Scott, Principal

Telephone (215) 723-6061

"An Equal Opportunity Employer"

May 27, 1992

Dear Parents:

Your fifth grader will be introduced to the State mandated AIDS curriculum next week. This series of lessons was developed by a committee representing a broad spectrum of the local community and Souderton Area educators. The curriculum includes general facts and principles related to Acquired Immune Deficiency Syndrome. It is your right and responsibility as parents, however, to teach your children how these general principles should be translated into individual action, according to your own moral and religious values. The AIDS curriculum may be found in your school or public library for your review. If you have any further questions about the curriculum, please feel free to call the school.

Sincerely,

Barbara A. Scott

Barbara A. Scott
Principal

es

Appendix E

Pretest/Post Test

Please circle:
Male Female

AIDS EDUCATION

GRADE 8

This is not a test. You are being asked to participate in a survey. The information you provide will not be used against you in any way. It will be used to gather information only. Your help will be greatly appreciated.

PLEASE CIRCLE Y FOR YES, N FOR NO, DK FOR DON'T KNOW.

Y N DK 1. Have you ever heard of a disease called AIDS (Acquired Immune Deficiency Syndrome)?

Y N DK 2. AIDS can be passed around by casual contact such as hand holding and kissing.

Y N DK 3. AIDS is caused by a virus.

Y N DK 4. AIDS is carried by mosquitos.

Y N DK 5. AIDS can affect anyone, not just drug users and/or homosexuals.

Y N DK 6. If you live in the same house with someone who has AIDS, can you get the disease?

Y N DK 7. Can people who have AIDS and work with food, spread the disease to the people who eat the food?

Y N DK 8. Does the virus that causes AIDS have an effect on the body's ability to fight off infection, like a common cold?

Y N DK 9. AIDS can be passed from a pregnant women to her unborn child.

Y N DK 10. Do all people infected with AIDS have some outward sign/symptom?

Y N DK 11. AIDS can be spread by either a man or a woman during sex.

Y N DK 12. Giving mouth to mouth resuscitation to someone who has AIDS means that you will also get AIDS.

Y N DK 13. AIDS is found only in gays, people who do I.V. drugs, and in hemophiliacs (bleeders).

Y N DK 14. Is there a cure for AIDS?

Y N DK 15. Can AIDS be prevented?

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Appendix E

Pretest/Post Test

Please circle:
Male Female

AIDS EDUCATION

GRADES 11 - 12

This is not a test. You are being asked to participate in a survey. The information you provide will not be used against you in any way. It will be used to gather information only. Your help will be greatly appreciated.

PLEASE CIRCLE Y FOR YES, N FOR NO, DK FOR DON'T KNOW.

Y N DK 1. Is AIDS caused by a virus?

Y N DK 2. Can AIDS be spread from person to person by holding hands, kissing, or touching door knobs?

Y N DK 3. Can people who have AIDS and work with food spread the disease to the people who eat the food?

Y N DK 4. If you live in the same house with someone who has AIDS, can you get the disease?

Y N DK 5. Do all people infected with AIDS show signs of illness?

Y N DK 6. Does the virus that causes AIDS have an effect on the body's ability to fight off infection such as a common cold?

Y N DK 7. Can AIDS be spread by either a man or woman during sex?

Y N DK 8. Can AIDS be passed on from a pregnant woman to her unborn child?

Y N DK 9. Is AIDS only a disease in homosexuals, people using needles to take drugs or hemophiliacs?

Y N DK 10. Is there a cure for AIDS?

Y N DK 11. Can AIDS be prevented?

Y N DK 12. Should students your age be taught about AIDS/HIV infection in school?

Y N DK 13. Have you been taught about AIDS/HIV infection in school?

Y N DK 14. Should a student with AIDS/HIV infection be allowed to go to your school?

Y N DK 15. Would you be willing to be in the same class with a student with AIDS/HIV infection?

Y N DK 16. Have you ever talked about AIDS/HIV infection with your parents or other adults in your family?

Appendix F

STAFF SURVEY

AIDS is a very serious health problem in our Nation. Health officials are trying to find the best ways to teach people about AIDS and the human immunodeficiency virus (HIV), that causes AIDS. This survey has been developed so you can tell us what you know and how you feel about AIDS/HIV education and policy in Souderton Area School District. The information you give will be used to develop better AIDS/HIV education programs for our young people.

DO NOT write your name on this survey. The answers you give will be kept private. No one will know what you write. Answer the questions based on what you really know, feel, or do. Please return to my mailbox by April 15th.

Thanks, Nick

You need to understand two related words used in this survey

AIDS and HIV

- AIDS stands for acquired immunodeficiency syndrome.
- AIDS is caused by the virus, HIV.
- HIV stands for human immunodeficiency virus. HIV is the virus that causes AIDS.

THANK YOU VERY MUCH FOR YOUR HELP.

Appendix F

STAFF SURVEY

1. What is your sex?

   a. Female b. Male

2. How old are you?

   a. 30 or younger
   b. 30 - 35
   c. 36 - 45
   d. 46 - 55
   e. 56 or older

3. Should students be taught about AIDS/HIV infection in school?

   a. Yes b. No c. Not Sure

4. Do you have any formal education/inservice in AIDS/HIV infection?

   a. Yes b. No c. Not Sure

5. Are you familiar with the AIDS/HIV policies for student participation in Souderton Area School District?

   a. Yes b. No c. Not Sure

6. Are you familiar with the AIDS/HIV policy for staff employed participation in Souderton Area School District?

   a. Yes b. No c. Not Sure

7. Should a student with AIDS/HIV infection be allowed to go to your school?

   a. Yes b. No c. Not Sure

8. Would you feel comfortable teaching a student in your class with the AIDS/HIV infection?

   a. Yes b. No c. Not Sure

9. Would you feel comfortable working with a staff member who is AIDS/HIV infected?

   a. Yes b. No c. Not Sure

10. AIDS/HIV has been discussed in my classroom.

    a. Yes b. No c. Not Sure

11. Should staff be provided with AIDS/HIV inservice on an ongoing basis?

    a. Yes b. No c. Not Sure

12. If yes to question #11, please note those topics or areas of concern that staff need to be aware of.

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Appendix G

COMMUNITY SURVEY

AIDS is a very serious health problem in our Nation. Health officials are trying to find the best ways to teach people about AIDS and the human immunodeficiency virus (HIV), that causes AIDS. This survey has been developed so you can tell us what you know and how you feel about AIDS/HIV education and policy in Souderton Area School District. The information you give will be used to develop better AIDS/HIV education programs for our young people.

DO NOT write your name on this survey. The answers you give will be kept private. No one will know what you write. Answer the questions based on what you really know, feel, or do.

You need to understand two related words used in this survey

AIDS and HIV

- **AIDS** stands for acquired immunodeficiency syndrome.
- **AIDS** is caused by the virus, **HIV**.
- **HIV** stands for human immunodeficiency virus. **HIV** is the virus that causes **AIDS**.

THANK YOU VERY MUCH FOR YOUR HELP.

Read each question carefully. Fill in the circle on your answer sheet that matches the letter of your answer.

1. My son or daughter are in grade?

   a. 1 or 2 b. 3 or 4 c. 5 or 6 d. 7 or 8 e. 9-12

2. What is your sex?

   a. Female b. Male

3. How old are you?

   a. 30 or younger
   b. 30 to 35
   c. 35 to 40
   d. 40 to 45
   e. 45 or older

4. What is your race?

   a. Black
   b. White
   c. American Indian or Alaskan Native
   d. Asian or Pacific Islander
   e. Other

5. Should students K-12 be taught about AIDS/HIV infection in school?

   a. Yes b. No c. Not sure

6. At what grade levels is AIDS/HIV education appropriate?

   a. 5,8,9,11 b. 3,5,8,9,11 c. K-12 d. Other

7. Do you have any formal AIDS/HIV education?

   a. Yes b. No c. Not Sure

8. Should a student with AIDS/HIV infection be allowed to go to your school?

   a. Yes b. No c. Not Sure

9. Would you be willing to let your child in the same class with a student with AIDS/HIV infection?

   a. Yes b. No c. Not Sure

10. Do you know where to get good information about AIDS/HIV infection?

    a. Yes b. No c. Not Sure

11. Have you ever talked about AIDS/HIV infection with your child?

    a. Yes b. No

12. Was this in-service helpful in your understanding of the AIDS/HIV curriculum?

13. Was this in-service helpful in your understanding of District Policy?

14. Suggestions/Comments:

Appendix H

DIRECTOR FOR PERSONNEL AND SUPPORT SERVICES

REPORTS TO: SUPERINTENDENT

DATE: Sept. 26, 1991
APPROVED BY: Board

JOB SUMMARY: Plan, develop and administer programs in Special Education, Guidance, Clinical Services, Health Services and Pupil Accounting; prepare budget and make allocation of funds for staff, supplies and equipment; foster community participation and coordinate district services with various community agencies; organize and direct the personnel activities of the school district, including employment, administration, compensation and employee relations according to school district policy, government regulations and collective bargaining agreements.

ACCOUNTABILITY: To be accountable for the duties and responsibilities listed below.

SPECIFICATIONS: Master's degree required, proper administrative certificate plus 5 years administrative experience and 3 years teaching/counseling experience; ability to communicate; knowledge of laws pertaining to education of exceptional children required; course work in personnel and/or labor relations; 5 years administrative experience preferred. Properly certified subject to the tenure provisions.

PRIMARY DUTIES AND RESPONSIBILITIES:

1. Administer employee relations program interpreting terms of contract for management and processing grievances.

2. Serve as EEOC representative, representing the school district in any affirmative action matter involving employment and Titles VI, VII of 1964 Civil Rights Act, Title IX of 1972 and Section 504 of the Rehabilitation Act of 1973.

3. Maintain close contact with all departments and schools in planning and anticipating personnel needs of the school program.

4. Plan, direct, coordinate and participate in the recruitment of teachers for the elementary, secondary, and summer school.

5. Screen and process applications of candidates and handle the initial interviewing process.

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6. Receive, review and process requests for transfer in accordance with transfer regulations and the needs of the district.

7. Screen and recommend qualified substitute teachers, maintain a register of substitutes and supervise the substitute calling process.

8. Counsel with employees to resolve complaints, difficulties and other matters related to personnel management and work with other administrators on difficult or sensitive personnel matters.

9. Serve as the negotiations coordinator for the Souderton Area School District in collective bargaining with employee groups and oversee the management of the collective bargaining agreements.

10. Supervise all aspects of the employee benefit program. Keep abreast of federal, state and local legislation and/or regulations which affect district personnel operations.

11. Process recommendations for termination of employees, arrange any necessary conferences and hearings and conduct exit interviews.

12. Assist in the development of personnel regulations and procedures and maintain up-to-date handbooks for various employee groups; maintain open channels of communication with employees regarding personnel matters; recommend personnel policies for Board consideration.

13. Coordinate the evaluation process for all employee groups. Where appropriate, provide assistance to supervisory personnel regarding the evaluation process and procedures.

14. Develop and maintain a system of personnel records and statistical information regarding all school district employees. Review and revise job description of all employees as appropriate.

15. Consult with professional personnel on retirement procedures.

16. Administer the program of Psychological Services in the district's schools.

17. Administer the program of Guidance Services in the district's schools.

18. Provide overall direction for the district special education program.

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19. Serve as a liaison for coordinating the services of district intermediate unit and state and local agencies providing pupil services.

20. Plan and coordinate the standardized testing program for the district.

21. Evaluates pupil services' budget and requisitions.

22. Perform other duties as may be assigned by the Superintendent.

DIRECTOR OF CURRICULUM/STAFF DEVELOPMENT

Qualification:

1. Master's degree in administration or curriculum development
2. Three years' successful teaching experience
3. Three years' successful administrative experience
4. Three years' successful experience in curriculum development or related activity

Certificate: One of the following:

1. Supervisor of Curriculum and Instruction
2. Letter of Eligibility
3. Elementary Principal and Secondary Principal

Reports to: Superintendent

Primary function: to provide leadership in the ongoing development and improvement of the K-12 instructional program of the district. To provide ongoing staff development for the professional staff.

Primary Duties and Responsibilities:

1. Provides staff leadership to insure understanding of and promote educational objectives of the district and plans and administers programs of inservice educational activities for instructional staff.
2. Directs efforts of professional staff in projects of curriculum development.
3. Works with principal and teachers in organizing articulation and delivery of the instructional program.
4. Directs creation of all curriculum guides and materials prepared by and to be distributed among the instructional staff.
5. Directs the selection of textbooks for the district.
6. Establishes a program for the ongoing evaluation of instruction and curriculum; monitors the implementation of the District Long Range Plan.

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7. Assists in the development and coordination of the sections of the budget that pertain to curriculum and instruction.

8. Guides the development, implementation and evaluation of pre-service and in-service educational activities and training programs for professional staff.

9. Prepares federal and state reports as required.

10. Directs the teacher induction program and Act 178 staff development program.

11. Recommends, along with the Director of Personnel, to the Superintendent, employment of all professional personnel.

12. Monitors curricular programs for the purpose of insuring that activities are in compliance with Chapter V requirements.

13. Supervises teachers through periodic classroom observations.

14. Meets with district coordinators monthly or as necessary.

15. Performs other duties as may be assigned by the Superintendent.

12 month position

Appendix J

COMMUNICATION AND INFORMATION SPECIALIST

REPORTS TO: SUPERINTENDENT

DATE: Sept. 26, 1991
APPROVED BY: Board

JOB SUMMARY: To promote in the community at large an understanding of the district's mission to provide each student with an educational environment which allows for the maximum development of potential.

ACCOUNTABILITY: To be accountable for the duties and responsibilities listed below.

SPECIFICATIONS: An earned Bachelor's Degree; at least three (3) years experience in news or public relations work;

PRIMARY DUTIES AND RESPONSIBILITIES:

1. Serve as the coordinator of information between the total school system and the community at large.

2. Prepare news releases and newsletters on school activities, events, and programs from information collected from building resources, district administrators, and board of school directors including employee recognition.

3. Arrange for press conferences as required.

4. Prepare press kits for distribution to reporters covering Board meetings and public hearings; provide necessary background to news media.

5. Supervise and coordinate preparation of school district publications.

6. Maintain open lines of communications with all community organizations and provide prompt responses to requests for public information about the district, its policies, and its programs.

7. Participate in the activities of various groups and organizations within the community to foster better school public relations.

8. Cooperate with administrators and other staff members in publicizing and promoting any performances, exhibitions, displays, or special programs sponsored by the schools and open to the public.

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9. Assist the superintendent in publicizing the annual report.

10. Stay abreast of professional practices in the field through participation in the affairs of state and national school public relations associations.

11. With the superintendent, set annual objectives for the district's public information program and plan budget for meeting objectives.

12. Plan and supervise the polling of public opinion regarding the district and/or current issues in education.

13. Consult with the Superintendent about possible public relations impacts related to anticipated changes in programs and policies.

14. Cooperate with the building principal in developing and scheduling school open houses and other special events.

15. Maintain district talent bank of staff members willing to serve community organizations as speakers or as volunteer resource specialists.

16. Maintain and regularly update a file of community organizations and their officers, mailing lists of residents, and mailing lists of community groups with clearly expressed interests in education affairs.

17. Perform other duties as may be assigned by the Superintendent.

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SOUDERTON AREA SCHOOL DISTRICT

Senior High School 41 North School Lane Souderton, Pennsylvania 18964

Telephone (215) 723-2808

MR. ANDY DEMIDONT, Principal
MR. H. NICHOLAS CHUBB, Assistant Principal
MRS. REGINA HOVE, Assistant Principal
MR. SCOTT SUNGSBY, Assistant Principal

"An Equal Opportunity Employer"

Dear Educator,

Health educators are charged with the responsibility for promoting positive health behaviors among the nation's youth and educating them about AIDS. It is estimated that one in three teachers will teach a child with AIDS by 1993! AIDS education in relation to recent changes in curriculum design, materia'., and research, encourage the development of school district policies that utilize a comprehensive health education approach and school-community partnership, and provide guidelines for assessment and planning.

Your help in completing the following survey would be very helpful in helping us assess our AIDS program. Thank you in advance for your help with this matter.

Sincerely,

Mr. H. Nicholas Chubb

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Appendix L

GRAND VIEW PATHOLOGY ASSOCIATES

CLINICAL LABORATORIES
GRAND VIEW HOSPITAL
SELLERSVILLE, PENNSYLVANIA 18960
(215) 453-4822 OR 4823

IRWIN J. HOLLANDER, M.D.
Director
LINDA S. LAVIN, M.D.
Associate Director

Mr. Chubb -

AIDS has not changed that much. A few small points:

1. ARC (page 14 of the 11-12th grade section) has become obsolete because now we count T-cells instead of symptoms. If an HIV-positive person has fatigue and enlarged lymph nodes we count his T-cells, and if they are below 500 he is treated with AZT. If his T-cells are above 500, he needs no treatment yet. It is much more meaningful than saying that he has ARC, because now we have a helpful therapy, and we can tell when people need it.

2. On page 8 of the 5th grade section the list of body fluids goes overboard. Saliva is not one of the fluids to avoid, and it raises confusion because kissing and coughing spread saliva but do not spread AIDS.

3. In the questions on "AIDS Virus Transmission" question 3 on blood transfusion says that the chance of infection is "1 in a million", but the current truth is probably closer to 1 in 60,000 units.

Irwin J. Hollander, M.D.

March, 7 1992

Dear Parent,

The Souderton High School will be offering their 1st training session for the "TEEN PEER AIDS EDUCATION TRAINING PROGRAM". This program is available for volunteer students grades 9-12. The program has been approved by the District AIDS Curriculum Committee and is a seven hour program provided by the American Red Cross.

All participants must have parent permission to be part of the training.

Training Goals and Objectives

1) To provide high school students with the information and skills they need to provide AIDS education for other students in their schools.
2) To provide faculty advisors with the information and guidelines they need in order to set up a peer AIDS education program in their schools.
3) By the end of the training students will be able to

-Explain modes of HIV transmission.
-Describe risk reduction techniques.
-Describe testing procedures.
-Understand some main concepts of progression of HIV disease.
-Answer questions about AIDS and HIV.
-Appropriate refer questions to resources.
-Understand some guidelines for facilitating discussion of videos.
-Be more comfortable discussing issues of sexuality, drug use, homophobia, and living with HIV and AIDS.

The training date is scheduled for March 19th. You are invited to attend this training session if you wish. Please feel free to call me if you have additional concerns at 723-2808 ext. 243

Sincerely,

H. Nicholas Chubb

STUDENT NAME:_____ GRADE_____ HR_____

I give my son/daughter permission to attend training session.

Parent Signature_____

Appendix N

SOUDERTON AREA SCHOOL DISTRICT

MEMORANDUM

TO: All District Administration

FROM: Dr. Alexander Grande, Mr. Nick Chubb

RE: AIDS In-Service

DATE: July 16, 1992

The Souderton Area School District will be providing an in-service on AIDS education for all administration. It was discussed at Curriculum Council that this in-service be provided prior to September to enable all of us to become more acquainted with AIDS, the state mandate, curriculum implementation, and the district policy that deals with HIV/AIDS infected staff and pupils. (Statistics indicate that 1 in 3 teachers will be teaching HIV/AIDS infected students by 1993).

The program will be held at Oak Ridge Elementary School on August 3, 1992 at 1:00 PM (Room G-8).

AGENDA

Dr. Grande	Introduction
Dr. Hollander	AIDS Education (slide series)
Nick Chubb	AIDS Mandate and Curriculum in SASD
Joe Bender	District Policy

All administrative staff are expected to attend this AIDS in-service.

AG/NC:djb

SASD AIDS ADMINISTRATIVE INSERVICE TRAINING

Use the following code to respond to the questions below.

Strongly Agree 1 | Agree 2 | Disagree 3 | Strongly Disagree 4 | Not Applicable 5

____ 1. The inservice training on Aids was, I feel, very important.

____ 2. Understanding of the following tips is essential to my role in SASD.
- ____ a. AIDS Knowledge
- ____ b. AIDS Policy
- ____ c. AIDS Mandate
- ____ d. First Aid Procedures

____ 3. The training provided constructive suggestions and information for my use.

____ 4. After participating in this program, I will be more effective answering concerns from...
- ____ a. Staff
- ____ b. Parents
- ____ c. Students

____ 5. The program met my expectations.

COMMENTS: WILT (What I Learned Today) and Areas for Improvement.

SOUDERTON AREA
SCHOOL DISTRICT Vol. 24 No. 4 NEWSLETTER
Fall 1992

AIDS Education: A School & Family Responsibility

"The threat of AIDS in the world is increasing each day. AIDS is a disease for which there is no cure. The best defense other than abstinence is twofold: education and prevention."

Since the 1986-87 school year, the Souderton Area School District has had in place an AIDS (Acquired Immune Deficiency Syndrome) curriculum which is targeted for students in the fifth, eighth and eleventh grades. The curriculum is tailored to the character of the Souderton Area School District and community and it is a result of the efforts of a committee of residents, school district personnel and medical professionals. The curriculum is periodically reviewed and updated to keep staff and students aware of the latest developments in terms of AIDS education.

State Department of Education regulations require that school districts provide instruction about AIDS and related issues to students at least once in the elementary, middle/junior high and senior high school grades.

Nicholas Chubb, assistant principal at Souderton Area High School, who heads the AIDS Curriculum Committee in the school district, said the curriculum emphasizes that the only foolproof way to prevent AIDS is abstinence. He added that students are taught all aspects of health issues related to AIDS from personal hygiene for students in the lower grades, to the how the AIDS virus is spread in the upper grades.

If AIDS information is to be disseminated to students as part of the human growth and development unit in health classes, parents are informed when such curriculum is being taught. Parents do have the right to request that their child be excused from those classes, but that request must be made in writing.

AIDS PEER AWARENESS GROUP

At the High School an AIDS Peer Awareness Group has been formed where a selected group of about 20 students have been educated about AIDS in a 10-hour workshop presented by the American Red Cross. The workshop trained the students on how to be peer counselors and how to talk to fellow students who have questions about AIDS. The AIDS Peer Awareness group also is charged with promoting AIDS awareness through school announcements and posters. This year the group is sponsoring an AIDS education play by the group "Live Wire" which will be underwritten by the Red Cross.

In addition to student education, the school district is committed to educating staff members about AIDS, both as a health and policy question. The administrative staff was in-serviced this summer and in February the entire professional staff will participate in an in-service on AIDS. Mr. Chubb said staff as well as students must be completely knowledgeable about AIDS because statistics show that one in seven teachers in suburban school districts may be teaching a child that is HIV positive in the nineties.

SCHOOL DISTRICT POLICY

The decision about participation of individuals infected with the AIDS-related virus in the school setting will be made on a case-by-case basis in the SASD. All medical records are kept confidential with school officials involved on a need-to-know basis. Participation in school activities by a student who has been diagnosed by a physician as having AIDS will be determined by a physician designated by the school district who will look at the potential health risks.

If health risks are identified by the physician, a committee of the Superintendent, SASD medical director, SASD director of nursing, the building principal and student's physician will review the case to determine the student's appropriate educational and social alternatives as they relate to school activities. The SASD may call for alternative educational placement.

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"AIDS Education: A School & Family Responsibility"

1992 Parent Forum Series

Oct. 20, 7-8:30 p.m.

Indian Valley Middle School, Harleysville

Featured Speakers:

Dr. Irwin Hollander	*Nicholas Chubb*	*Joseph Bender*
Pathologist,	*Assistant Principal*	*Director of Personnel*
Grand View Hospital	*SAHS*	*Support Services, SASD*

This presentation will include a slide series presented by Dr. Hollander followed by a question and answer session. Mr. Chubb will address the state mandated curriculum, the district curriculum, the AIDS Curriculum Committee and AIDS Peer Awareness Group. Mr. Bender will complete the forum agenda by discussing the AIDS policy of the SASD.

SOUDERTON AREA SCHOOL DISTRICT
" SCHOOLS HELPING PARENTS HELP CHILDREN"
1992 Parent Education Forums

The 1992 Parent Education Forums, " Schools Helping Parents Help Children," will be held this school year on six consecutive weeks through October and November. A variety of topics are being offered to parents of students in grades K-12. Parents are invited to attend any one or all of the Forums designed to help them with the educational and social development of their children.

All the Forums are scheduled from 7-8:30 p.m. at Indian Valley Middle School, Maple Avenue, Harleysville. Babysitting with be provided for children ages 3-11 by members of the SAHS Student Federation.

Tear-off registration forms are included with this information leaflet and the appropriate form should be returned to your home schools by the stated date. (Please retain this information leaflet to register for each of the six forums).

• • • •

Appendix R

PARENT FORUM: SCHOOLS HELPING PARENTS HELP CHILDREN

Title of Workshop_____

_____

Use the following code to respond to the questions below:

Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable
1	2	3	4	5

_____ 1. The topic of the Parent Forum program tonight was one I feel was very important.

_____ 2. The program met my expectations.

_____ 3. The program provided constructive suggestions and information for my use.

_____ 4. The setting was comfortable and allowed me to listen and learn effectively.

_____ 5. The program was enjoyable.

_____ 6. This program is one I would recommend that other parents attend.

_____ 7. Instructional methods in tonight's presentation were very good.

_____ 8. Audio-visual materials and methods were clear and adequately paced.

_____ 9. After participating in this program, I will be able to be more effective with my child at home.

_____10. After participating in the Parent Forum tonight, I would consider attending others in the future.

_____11. This day of the week and time in the evening are convenient for me.

Suggestions for improvement:

Additional topics or interest for Parent Forums:

1.

2.

3.

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Appendix S

Dear Parent,

"World AIDS Awareness Day" will be held December 1, 1992. Souderton Area High School will be having an assembly program called "Live Wire". This play is presented by the American Red Cross and has been seen by many of our neighboring school districts and has been approved by the Souderton Area School District's AIDS Curriculum Committee. As per the AIDS State Mandate Annex A Title 22: Education 22 Pa. Code, Chapter 5, 85.10d.

"A school district shall excuse pupils from instruction in AIDS when instruction in AIDS conflicts with the religious beliefs or moral principals of the parent(s),guardian(s), or of the pupil".

If you wish your child <u>not</u> to participate in this assembly program, please submit this request for excusal in writing and forward it to Mr. Chubb, Assistant Principal no later than November 25, 1992.

If you have any specific questions regarding the content of this play, please feel free to call me at your convenience.

Sincerely,

Mr. H. Nicholas Chubb
Assistant Principal

DISTRICT AIDS IN-SERVICE

INDIAN CREST AUDITORIUM

FEBRUARY 11, 1993

AGENDA

8:30 - 8:35	Welcome - Dr. Grande
8:35 - 9:25	Play "Live Wire" *Facilitator - Susan J. VanZandt* *American Red Cross*
9:25 - 10:05	"AIDS Education Slide Presentation *Dr. Hollander - Director of Pathology* *Grand View Hospital*
10:05 - 10:20	*BREAK*
10:20 - 10:50	"AIDS Education: A Local Perspective *Mr. Chris Whitney - Director of AIDS Education/Bucks County Department of Health*
10:50 - 11:20	"Living with AIDS"
11:20 - 11:30	District Policy *Mr. Joseph Bender - Director of Personnel and Support Services/ Souderton Area School District*

(over)

AIDS IN-SERVICE

OAK RIDGE LIBRARY

FEBRUARY 11, 1993

AGENDA

****	1:00	**Where We Have Been ....**	*-Nick Chubb*
		Where We Are	
		Where We Are Going	
		Student Excusal Procedure **Questions and Answers**	*-Nick Chubb*
	2:00	**Adjourn**	

** *Nurses*
Health/P.E. Teachers
Fifth Grade Teachers

Appendix U

SOUDERTON AREA SCHOOL DISTRICT

MEMORANDUM

TO: Joseph Bender

FROM: Dr. Alexander Grande

RE: Distribution of Latex Gloves

DATE: March 1, 1993

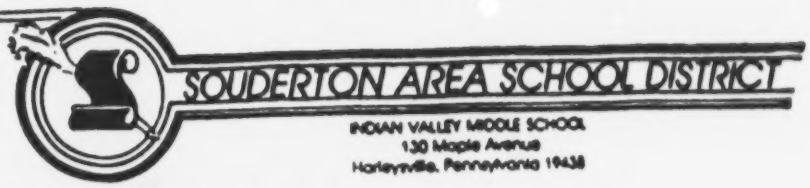
****

As a follow-up to our recent AIDS in-service, I would like you to pursue the distribution of latex gloves to all employees in the district. I suggest you contact Dr. Bimson for a specific brand and/or instructions for usage by employees.

Thank you for your attention to my request.

AG:djb

C: N. Chubb



INDIAN VALLEY MIDDLE SCHOOL
130 Maple Avenue
Harleysville, Pennsylvania 19438

Telephone (215) 256-8896

"An Equal Opportunity Employer"

Dear Parent:

AIDS is a medical, educational, social, political, religious, moral, and civil rights issue. The basic goal of the Souderton Area School District will be to teach the students about AIDS as comprehensively as possible. The curriculum is designed to increase awareness of AIDS by presenting the facts about the symptoms, transmissions, treatment, and alert the students to practical methods of protection against the contraction of AIDS. Current medical research into AIDS may also be introduced along with medical experts predictions for progress toward a cure. Another aspect of this program deals with developing and understanding for the plight of AIDS victims as they interact with largely underinformed and wary public.

From time to time your student could experience AIDS education beyond the health classroom. This integrated approach might be found in an English, or Social Studies assignment (ie. research project, a reading article, story, guest speaker, etc.). These assignments must have prior principal approval. Student questions asked by students in these classes about AIDS would be answered briefly and factually and only within the context of the approved AIDS curriculum. (The AIDS curriculum may be found in your school or public library).

In keeping with the district's Philosophy of Education, we will endeavor in this class, as in any other class, to help students increase their self-esteem, to develop a sense of responsibility for individual action, and to consider the physical, emotional, and spiritual needs of others. It is your right and responsibility as parents, however, to teach your children how these general principles should be translated into individual action, according to your own moral and religious values.

If for any reason you do not wish your son or daughter to participate in these classes which may deal with an AIDS topic, please read the procedures on the opposite page.

Sincerely,

Building Principal

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Appendix W

SOUDERTON AREA SCHOOL DISTRICT

Procedure for Student Excusal from Integrated AIDS Instruction

Integrated AIDS instruction may be included in the curriculum for high school. For a variety of reasons, some parents prefer that their children do not participate in those classes. In those cases, the following procedure will be followed:

1. The parent must request in writing to the school principal that the child be excused from attending that specified class. The letter must include the reason for the request.

2. The student must complete an independent study to meet the curriculum objective and/or outcome.

3. The student will be graded for this unit by the teacher. The primary basis for this grade will be written evidence or a test as determined by the teacher.